

**RELEASE OF INFORMATION** - I authorize the release of documents and other pertinent information by the school in order to determine student eligibility and promote the programs with media and Internet. Public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

**MEDICAL RELEASE** - I authorize the release of medical information from our personal physician to the Heartland Orthopedic personnel for the purpose of timely treatment of sports-related injuries.

**BY SIGNING THIS FORM WE ACKNOWLEDGE THAT WE HAVE READ THE ABOVE INFORMATION, UNDERSTAND THE CONTENTS, AND WILL FOLLOW ALL THE RULES OF DISTRICT 2908 AND THE MINNESOTA STATE HIGH SCHOOL LEAGUE. WE ALSO ACKNOWLEDGE RECEIPT OF THE PROTECTED HEALTH INFORMATION. THE STUDENT/PARENT AUTHORIZES THE RELEASE OF DOCUMENTS AND OTHER PERTINENT INFORMATION BY THE SCHOOL IN ORDER TO DETERMINE STUDENT ELIGIBILITY.**

\_\_\_\_\_

Date

\_\_\_\_\_

Student's Signature

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Student's Grade

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Parent's or Guardian's Signature