



**AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION**

In order for a student to participate in the Students Run LA (SRLA) marathon training program he or she must have a current physical examination form on file in the SRLA office. A current physical examination must have been taken anytime within the previous 12 months. If the exam was taken prior to the marathon date for the current season then the student will be responsible for submitting a current physical exam prior to running in the AISICS LA Marathon. The deadline for submitting the physical form to the SRLA office is **October 21, 2013**. Students without a form on file as of this date will not be allowed to continue with the program for the remainder of the season.

An acceptable physical form must be completely filled out by the parent/guardian and also the physician. The physical form must also include the date of the examination, physician signature and a stamp from the doctor's office or clinic. If a copy of the physical form is being submitted from the school nurse's office please include a copy of this authorization form signed by the parent or guardian.

I hereby authorize \_\_\_\_\_ to release medical information  
(Name of School)

on \_\_\_\_\_  
(Name of Student) (Date of Birth)

\_\_\_\_\_  
(Mother's Maiden Name) (Father's Name)

This information is to be released to:

\_\_\_\_\_  
(Teacher/Marathon Leader Name) **Students Run LA**  
(Program Name)

\_\_\_\_\_ **5252 Crebs Avenue** \_\_\_\_\_ **Tarzana** \_\_\_\_\_ **CA** \_\_\_\_\_ **91356**  
(Address) (City) (State) (ZIP)

Specific Information to be released:

**Pre-participation Physical Examination** (Sports Physical Exam within the last 12 months)

This authorization shall be effective immediately and shall be valid until: June 30, 2014

I understand that this medical information is to be released to the above named party for the purpose of determining that the child is fit and able to participate in the Students Run LA marathon training program.

\_\_\_\_\_  
(Signature) Parent/Guardian/Student 18 yrs & over (Date)

\_\_\_\_\_  
(Relationship to student)

(As per the Family Educational Rights and Privacy Act of 1974, this information will be made available, upon request, to the parent or pupil age 18 or older. This information will be handled in accordance with HIPAA regulations.)