

This is a sample only. There is no requirement to submit this form with your case report abstract. We recommend that you complete this form and retain it in your files.

Release of Information for Case Report

Date: _____

I, _____ freely give my consent for the release of information regarding my medical history, injury, surgery, and rehabilitation for use in the following case report. The case report is part of an academic class and will be orally presented to the athletic training program. The case may also be submitted for presentation at a professional conference or symposium and/or submitted for publication in a professional journal.

Authors:

Title:

I understand that the information may be used in publication and that my name will remain confidential.

Signature: _____

Witness: _____

This is a sample only. There is no requirement to submit this form with your case report abstract. We recommend that you complete this form and retain it in your files.