

**OCCUPATIONAL THERAPY ASSISTANT PROGRAM GROSSMONT COLLEGE
HEALTH PROFESSIONS**

Consent Form For Release of Medical Records and Admission Paperwork

Name: _____ Birthday: _____
Last First Middle Month/Day/Year

Address: _____
Street City, State, Zip

Telephone: _____ E-mail: _____

CONSENT FOR RELEASE OF HEALTH REPORT AND ADMISSION PAPERWORK:

I realize that the various agencies where Health Professions' students gain experience may require proof of physical examination, immunizations, CPR, malpractice insurance, TB, background check/drug screen clearance and health insurance.

I hereby consent to the release of a copy of my health record and admission paperwork requirements from Grossmont College to those cooperating agencies as they may request. I further consent to communication of background check/drug screen status and information with the cooperating agencies as they may request.

STUDENT SIGNATURE: _____ DATE: _____