



Training Our Youth to go the Distance

**AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION (ARMI)**

In order for a student to participate in the We Run Our Community's Kids (WeROCK) marathon training program, they must have a current Physical Screening & Physician Authorization Form (the Form) on file in the WeROCK office. The Form must include approval from a licensed physician for the student to participate in the program and must indicate that the physician completed a physical examination of the student within the most recent 30 days. The Form must be submitted to the WeROCK office before the athlete can join practice for Session 1A/1B or for Session 2. Students without the Form on file will not be allowed to practice with the program until the Form is turned in.

For the Physical Screening & Physician Authorization Form to be acceptable, the Form must be completed, in its entirety, by the parent/guardian and by the licensed physician, and must include the date of the examination, the physician's signature, and a stamp from the doctor's office or clinic where the examination was completed.

WeROCK also strongly recommends that all participants have an EKG test completed prior to participation in the marathon training program. Completion of an EKG will be left to the decision of the parent/guardian of the participant, and to the participant's licensed physician, with the physician advising the parent/guardian on the risks of participating in the program without an EKG being completed.

Please print:

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

I hereby authorize medical information about the above-named student to be released to We Run Our Community's Kids (WeROCK) and to be retained in their offices as part of their permanent records. I understand that this medical information is to be released to WeROCK for the purpose of determining that the student is physically fit and able to participate in the WeROCK marathon training program, and that WeROCK will keep the information confidential. I also authorize any licensed physicians affiliated with WeROCK to review the Form as part of the determination process.

Specific information to be released to, and held by, We Run Our Community's Kids:

- Pre-participation Physical Screening & Physician Authorization Form
- Pre-participation Release of Medical Information Form with recommendation of EKG test

**EKG opt-out:**

I have discussed the risks involved with participation in a marathon training program with a licensed physician and I understand the risks. Please circle one:

**I will have an EKG completed**

**I will NOT have an EKG completed**

This authorization shall be effective immediately and shall be valid until September 1, 2026.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian (or Participant if 18 years of age or older)

Relationship to Participant \_\_\_\_\_

Note: Pursuant to 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.

THIS IS NOT A SCHOOL DISTRICT SPONSORED EVENT  
Not printed at any School District's expense