



TEXAS A&M-COMMERCE Sports Medicine

Dear Parent / Guardian / Independent Student,

2006-2007

Enclosed you will find a packet of forms that need to be read, signed, and returned as soon as possible. These forms deal with essential information that is needed to treat your son/daughter if medical treatment is necessary. They must be on file before the student-athlete is allowed to participate with the team. Please utilize the enclosed checklist so that you do not forget anything.

Please note that these forms may be filled out by the student-athlete (if age 18 or older) or the student-athlete's parent/guardian. Please make sure that the insurance and medical history forms are filled out to the best of your knowledge. A lot of times, students might not know if they are on their parent's insurance and/or their family's medical history.

The first form is our Family/Group Medical Insurance Form (Form#1). TAMU-C carries a secondary or "excess" policy on all of our athletes. That means that if your son/daughter is covered under a family/ group medical health plan, we will submit the medical bills to your insurance first. We are required to do this by law. After your insurance company has paid, our Athletic Accident insurance will cover the remainder of the bills, including the deductible and co-payment amounts. If your son/daughter is not covered under a medical insurance policy, our athletic insurance policy will act as the primary coverage. ***Important - you must be aware that our Athletic Accident Insurance Policy covers only athletic injuries specifically related to supervised practices and/or games. It does not cover injuries or illness unrelated to athletics.** Don't forget to sign and date the form.

Please include a copy of your insurance, prescription and dental cards (if you have them) with our Family/Group Medical Insurance Form (Form#1). This is extremely helpful and necessary. Please copy the front and the back of the cards. If you have an HMO as your primary insurance, please be aware that it is difficult to secure non-emergency medical care to cover the student-athlete out of area without a referral from your primary care physician. Please contact your insurance carrier for coverage options. **PLEASE** look into having the student-athlete's PCP changed over to one of the physicians in Commerce (Dr. Rick Selvaggi, Dr. Tom Selvaggi or Dr. Suzanne Monday).

The next form is an Acceptance of Risk and Medical Permit to Treat Form (Form#2). This form states that you and your son/daughter must be aware that there are inherent risks involved in athletic participation. Safety is of primary importance to us, but the athlete must also take some responsibility for his or her own safety. Conditioning, equipment, illness, knowing the rules and abiding by the rules of the game are some of the areas where the athlete directly affects his or her own safe participation. Please discuss the inherent risks of the sport with your son/daughter. Don't forget to sign and date the form.

The third form is the new or incoming transfer medical history form (Form #3). This form is a summary of your son or daughter's past medical problems, if any. We need to be aware of any major illnesses, conditions or surgeries. Please fill this out as accurately as possible, especially in the area of past family medical problems. Don't forget to sign and date the form.

Included in the packet of forms is a copy of the Athletic Department's Medical Policies and Procedures (Form#4). Please read through these policies, make yourself aware of them, and keep a copy on file for future reference. Don't forget to sign and date the form.

Please fill out all of the forms and submit them to me within 1-2 weeks after receiving this packet. For your convenience, I have enclosed a checklist of materials that you need to submit. It is imperative that we have these forms on file before the first practice. The athlete cannot participate with the team until this is done. You can also find the forms and fill them out and/or print them out on the web. Go to: www.lionathletics.com and click on "Athletic Training." There is a link to the forms on the main Athletic Training web page. Should you have any questions please feel free to give me a call. Have a great day.

Sincerely,

Brad Abell, MEd, ATC, LAT

Head Athletic Trainer

(903) 468-3074

Brad_Abell@tamu-commerce.edu

Main Training Room Numbers:

(903) 886-5578, office

(903) 468-8679, fax



TEXAS A&M UNIVERSITY-COMMERCE
Athlete Medical Forms Checklist

Please make sure that you mail the following forms to:

TEXAS A&M-COMMERCE
Attn: Brad Abell, Athletics
PO Box 3011
Commerce, TX 75429-3011

Before mailing, please make sure that everything has been filled out completely and that you have signed and dated all the places that you are supposed to on the forms!

***NEW ATHLETES (freshmen, transfers):**

You need to mail the following forms/information to the above address:

- Form #1** – Medical Insurance Information
- Form #2** - Statement of Potential Injury/Treatment Consent/Medical Info Release
- Form #3** – New/Incoming Transfer Medical History
- Form #4** - TAMU-C Athletic Department Medical Policies/Procedures
- Copy of Insurance Card (front and back)
- Copy of Prescription Card (front and back)
- Copy of Dental Insurance Card (front and back)

***RETURNING ATHLETES:**

You need to mail the following forms/information to the above address:

- Form #1** - Medical Insurance Information
- Copy of Insurance Card (front and back)
- Copy of Prescription Card (front and back)
- Copy of Dental Insurance Card (front and back)

Thank you for your cooperation and help!



TEXAS A&M UNIVERSITY-COMMERCE

Athletic Department
Family/Group Medical Insurance Information Form

(Please type or print clearly)

Athlete's Full Name _____ Sport _____
 Date of Birth ____ / ____ / ____ Age _____ SS# _____ Gender: ___ M ___ F
 Permanent Address _____
 City _____ St _____ Zip _____ Phone# _____
 Father's Full Name _____
 Mother's Full Name _____
 Guardian's Full Name _____
 Emergency Contact _____ Phone# _____

IMPORTANT!! –All Parents/Guardian/Independent Students Must Check “YES” or “NO”.

Is your son/daughter presently insured under a family, group or work health insurance plan?
 (Check one below and sign where indicated)

NO - I hereby state that _____ is **NOT** covered
 under any health care family/group/work insurance plan.

YES - I hereby state that _____ is covered
 under a health care family/group/work insurance plan.



 Signature of Parent/Guardian or Independent Student-Athlete

 Date

If you answered “Yes” above, give the current insurance information below.

(This information as well as all medical record information will be kept confidential and locked in a secure place at all times.)

Name & Relationship of policy holder _____
 Policy Holder's SSN _____ Date of Birth ____ / ____ / ____
 Insured Employer's Name _____
 Employer's Address _____
 City _____ St _____ Zip _____
 Employer's Phone _____ Contact Person _____
 Insurance Company Name _____
 Insurance Company Address _____
 City _____ St _____ Zip _____
 Group/Policy # _____ is this policy a HMO/PPO(circle one)? YES NO
 Employee ID# _____ Is Pre-certification needed? YES NO
 Insurance Company's phone number to call for pre-certification _____



TEXAS A&M UNIVERSITY- COMMERCE
ATHLETIC DEPARTMENT
Student-Athlete Medical Statements

STUDENT ATHLETE'S NAME: _____

STATEMENT OF POTENTIAL INJURY DUE TO PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

The purpose of this statement is to inform each parent/guardian/student-athlete of the risk of injury while participating in intercollegiate sports practice and competition. The extent of such injuries may be irreversible and in some cases may prove to be crippling, and reducing their ability to earn a living. There is even a small chance that an injury may prove to be fatal; they could die.

Athletes participating in sports such as football, soccer, and basketball (classified as contact sports) will experience many types of physical contact. Texas A&M-Commerce provides protective equipment and competent instruction for these students, however equipment and instruction cannot prevent all serious injuries that may result.

Injuries do not occur only in contact sports. Every effort will be made to protect the student-athlete from injury in other sports such as volleyball, golf, track, cross-country and in all conditioning related activities. Athletes must, however, share the responsibility and recognize the necessity for following the rules and regulations designed to make intercollegiate sports practice and competition safer and less hazardous.

By signing this document, you recognize that the student-athlete assumes many risks and that they have been warned of the hazards inherent in sports competition. Please discuss the risks with the student-athlete before signing this form. If you have any questions, please contact the head athletic trainer to discuss your concerns.

I have read the above statement and I am aware of the inherent risks involved in athletic related activities at Texas A&M-Commerce.



Father/ Mother or Guardian or Independent Student Athlete Signature

Date

CONSENT FOR MEDICAL TREATMENT & MEDICAL INFORMATION RELEASE

Permission is hereby granted to the team/attending physician(s) or athletic trainer(s) to proceed with any needed medical or emergency treatment, diagnostic test, examination, rehabilitation and immunizations for the above named student-athlete. Permission is also granted to disclose any medical or personal insurance information on above student-athlete amongst any pertinent medical personnel, which may include: the Texas A&M-Commerce Athletic Training Staff, insurance/claims personnel, hospitals, doctor's staff, etc. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, it is understood that an attempt will be made by the team/attending physician or athletic trainer to contact one of the listed contacts in the most expeditious manner possible. If the team/attending physician or athletic trainer is unable to contact the family or emergency contact, the treatment necessary for the best interest of the student-athlete may be given. Also, any medical/health insurance that covers the student-athlete will be used as the primary insurance.



Father/ Mother or Guardian or Independent Student Athlete Signature

Date

CONSENT TO FILE ON STUDENT-ATHLETE'S PRIMARY INSURANCE POLICY

I hereby authorize the Athletic Department of Texas A&M University-Commerce to file claims on my behalf for injuries sustained by the student-athlete listed above. I understand that Texas A&M-Commerce carries a Secondary (Excess) Athletic Accident Policy and that my insurance will act as the primary policy.



Father/ Mother or Guardian or Independent Student Athlete Signature

Date



TEXAS A&M UNIVERSITY-COMMERCE
ATHLETIC DEPARTMENT
 NEW / TRANSFER INCOMING ATHLETE MEDICAL HISTORY SURVEY

Form#3

Today's Date _____ For School Year _____

Full Name _____ Sport _____
 High School _____ City _____ ST _____ Zip _____
 Transfer /Junior College _____ Ath. Dept. Phone _____
 Address _____ City _____ ST _____ Zip _____

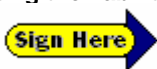
PAST/PRESENT HISTORY INFORMATION – You must check "YES" or "NO" and explain all "YES" answers.

YES	NO	
		Have you ever had a joint surgery? Date of surgery _____ Specify joint _____
		Have you ever has a head/brain injury or concussion? Year _____
		Were you hospitalized? Y or N _____ What degree? _____ Approx. how many concussions? _____
		Have you every had a seizure or epilepsy? Are you taking medication? Y or N _____
		Have you ever had a hospitalizing illness? Year _____
		Are you missing any dual organs such as an eye, kidney or testicle?
		Have you ever had a heart condition, murmur, or circulatory illness?
		Do you have high blood pressure?
		Have you ever had a major eye injury, sight problem or are legally blind in one eye?
		Do you have diabetes? Are you insulin dependent?
		Do you have asthma? What medications?
		Have you ever had lung problems?
		Do you have allergies? What medications?
		Do you have any chronic stomach disorders or ulcers?
		Have you ever had a hernia? If yes, was it repaired? Date _____
		Have you ever had a hearing disorder or are you legally deaf?
		Have you ever had any fractures? Any metal plates or screws?
		Have you ever had any low back problems? Diagnosed disc injury?
		Have you ever had any knee ligament injury? R or L Which ligament?
		Have you ever had any knee cap problems? R or L _____
		Have you ever had any ankle problems? R or L _____
		Have you ever had any shoulder problems? Dislocation - A.C. Joint - Rotator Cuff strain R or L _____
		Have you ever had any neck injuries? Fracture - Sprains - Strains - "Burners" _____
		Have you ever had any elbow injuries? R or L _____
		Have you ever had any wrist or hand or finger injuries? R or L Which fingers? _____
		Any other joint or muscle problems? List: _____
		Do you wear glasses? Prescription (if possible) _____
		Do you wear contacts? Prescription (if possible) _____
		Do you have any broken, chipped, false, capped teeth or bridges? Give location and number: _____
		Do you need a special mouthpiece? Braces? _____
		Are you currently taking any medication on a regular or continuing basis? List: _____
		Are you allergic to any medications? List: _____
		Do you currently have any incompletely healed injuries? List: _____
		Are you currently ill? Have you seen a doctor? Diagnosis? _____
		Are you currently having any pain anywhere? List: _____
		Has a medical doctor ever told you NOT to participate in athletics?
		Do you know of any reason why you should NOT participate in athletics?
		Has anyone in your family died at an early age because of illness? If so, what from? _____
		Has anyone in your family had an illness such as: diabetes, heart problems, cancer or sickle cell? If so, list disease and relationship to you: _____

Provide medical specialist information if had surgery or serious condition in the past two years (IF KNOWN).

Doctor's Name _____ Phone _____ Fax _____
 Address _____ City _____ St _____ Zip _____

All of the above questions have been answered completely and truthfully to the best of my knowledge of my current health status. I understand that if I have not answered truthfully, I will be held responsible, as well as limiting the liability of TEXAS A&M-COMMERCE.



Student-Athlete's Signature _____

Date _____



Texas A&M University-Commerce follows the mandates and recommendations of the NCAA pertaining to the medical care, treatment, rehabilitation and payment for the medical needs of our athletes.

Please review these policies and procedures as they pertain to your son's/daughter's health and financial responsibility!

WHEN INVOLVING AN ATHLETIC INJURY, THE ATHLETE SHOULD NOT SEEK MEDICAL ATTENTION WITHOUT THE KNOWLEDGE OF THE HEAD ATHLETIC TRAINER UNLESS IT IS AN EMERGENCY!

I. INTERCOLLEGIATE ATHLETIC ELIGIBILITY

- A. All athletes must pass a physical exam by the team physician(s) or designated physician before equipment will be issued and the athlete allowed to workout with the team.
- B. Each year the athlete must pass an interval medical history exam to continue to be eligible to participate.
- C. At any time because of injury or illness the team physician can change the athlete's status for practice or game participation.
- D. A complete medical history must be given at the initial physical exam. Failure to report any serious injury or illness may lead to eligibility disqualification and the release of TAMU-C from any liability.
- E. Loss of one of the paired organs (kidneys, eyes, testicles) may disqualify an athlete from participation in Intercollegiate Athletics.
- F. Pregnancy is an immediate, temporary disqualification from participation in Intercollegiate Athletics.
- G. Any communicable diseases must be reported to the team physician immediately. The team physician will decide if safe participation is possible and give a medical opinion.
- H. If a medical specialist's opinion is needed, the team physician and/or head athletic trainer will make the referral. The team physician will retain the right to accept, reject or seek additional opinions. **Only those referrals made by the team physician /head athletic trainer will be the financial responsibility of the Athletic Department unless approved by the athletic administration.**
- I. The final decision concerning the disqualification of a student/athlete shall be the sole responsibility of the team physician.
- J. Decisions concerning whether an athlete will be able to practice or play because of a particular injury or illness shall be the sole responsibility of the medical staff; team physician, or athletic trainer, covering the event.

II. MEDICAL TREATMENT

- A. The athlete must report all injuries or illnesses to the athletic trainer/coach as soon as possible.
- B. The athletic trainer will evaluate the signs and symptoms and provide the necessary treatment or refer to the Student Health Center.
- C. Medical referrals to the Student Health Center or other physicians must have a Medical Advisory Form, signed by the head athletic trainer, to present at the front desk. Failure of the athlete to present this form will result in the financial responsibility resting solely on the athlete.
- D. If the athlete needs to see a physician while they are home; they need to verify coverage with the head athletic trainer before seeking medical attention. **The Athletic Department will accept no financial responsibility for medical services rendered without previous approval.** (The only exception is an emergency).
- E. Only injuries to sound natural teeth will be the responsibility of the Athletic Department. Cavities, caps, broken or previously damaged teeth, will not be the responsibility of the Athletic Department.
- F. **Previous conditions, chronic inflammations or pre-existing, unhealed surgeries are not the responsibility of the Athletic Department.** This will also include diabetic supplies and asthma medications, however, the Athletic Department will buy one asthmatic inhaler per season to be kept with the Athletic Trainer. No other medications will be covered.
- G. Second opinions will **not** be the financial responsibility of the Athletic Department unless required by insurance company or approved by the Athletic Administration on a case-by-case basis.
- H. The Athletic Department reserves the right to select which surgeons will perform certain operations.
- I. Medications that are taken on a regular basis will be the financial responsibility of the department only if it is treating an illness/condition that was a direct result from participation in an official A&M-Commerce athletic game or practice. Medications for non-athletic related illnesses/diseases will not be the responsibility of the athletic department. It is a good idea to have the student-athlete covered under a prescription plan.

- J. If an athlete is involved in an automobile accident a physician (other than a team physician), in writing must clear them, before they will be allowed to participate in practice or games. Because of medical liability insurance regulations, the Student Health Center will **not** see auto accident patients.
- K. If the athlete quits or is dismissed from the team, and has been injured, they must seek medical evaluation/treatment from the athletic trainer within two weeks (14 days) from the date of dismissal. After two weeks, the athletic department reserves the right to deny financial responsibility for this injury. The athlete must get previous approval from the head athletic trainer before seeing an outside physician, if the athletic department is to accept financial responsibility. If the dismissed player is receiving treatment for a previous injury, they must continue to come to the training room until released by the team trainer and team or attending physicians.

III. ATHLETIC TRAINING ROOM RULES

- A. All treatment and rehab is to be done under the direct supervision of the TAMU-C professional athletic trainers and the athletic training staff.
- B. Athletic Training Room hours are as follows:
 - 1) **Athletic Training/Rehab Center in the Field House (phone: 903-886-5578)**
8:00 AM - 12:00 noon / 1:00 PM - 5:00 PM
Additional times for weekend and games will be posted.
 - 2) **T-Lounge/Football Stadium (phone: 903-886-5579)**
1:00 pm-6:00 PM Fall semester
2:00 pm-5:00 PM Spring semester
- C. Coed conditions exist in all the training rooms; the athlete must be appropriately dressed.
- D. All equipment/supplies are to remain in the locker room and are not to be brought into the training room.
- E. No training room supplies are to be taken without the knowledge of the head trainer.
- F. Respectful treatment of the athletic training student assistants is mandatory. Abusive behavior towards the student assistants, in or out of the training room, will not be tolerated.
- G. No food or drinks are to be brought into the training room at any time.
- H. No tobacco products will be tolerated at any time in the training room or on the practice fields or courts. This is a violation of NCAA rules.

IV. MEDICAL PAYMENT POLICY

- A. Only athletic related accidents occurring while an athlete is representing the University in a formal intercollegiate athletic-sponsored activity will be covered (i.e. practice or game) unless approved by the Athletic Administration.
- B. All bills and/or insurance company correspondence should be sent to the head athletic trainer within one week of receiving them to:
Head Athletic Trainer
Athletic Department
Texas A&M University-Commerce
Commerce, TX 75429
- C. Call the Head Athletic Trainer at (903) 468-3074, 886-5578, or 886-5579 if you have any questions.

I have read the above medical policies & procedures of the Texas A&M-Commerce Athletic Department and I understand & agree to adhere to them fully.



Signed: _____

Date: _____

Please make a copy of this form for yourself and keep it for future reference!