



# 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](http://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](mailto: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 \_\_\_\_\_