



## Athletic Training Medical Paperwork Information For New Athletes

Parent(s)/Guardian/ Student Athletes:

Welcome to Saint Joseph's College and your participation in Intercollegiate Athletics. It is our goal to provide our student athletes with the best possible athletic health care. To achieve this, we will need your assistance in a variety of matters. Each student athlete will be required to have a completed health history questionnaire on file before being allowed to participate in any activity. You should have received a Report of Medical History form in your admissions packet. This form is to be taken to your physician and a physical is to be completed prior to August 1. Return this form to the **College Nurse, Saint Joseph's College, Rensselaer, IN 47978**. After you arrive on campus, you will receive another physical by the Saint Joseph's College Team Physician at no charge. It is very important that you include an updated ***Immunization Record*** along with the Report of Medical History form. This can be obtained through your high school and/or your county's health department. If this form is not filled out completely, you will not be given a physical by the team physician and you will not be cleared for participation. Please complete the insurance form entirely and accurately. This information will be used by providers for billing and contacting individuals in the event of an emergency. We will also request that you include a copy of any insurance identification and/or prescription cards that you may have. Please complete and return the enclosed forms, including all signatures, as soon as possible along with a copy of any insurance cards to: **Jared Hall, Head Athletic Trainer, Saint Joseph's College, P.O. Box 875, Rensselaer, IN 47978**.

If the prospective student athlete does not have current medical insurance it is **HIGHLY ADVISABLE** that he or she have some form of medical insurance. The athletic department cannot, by NCAA rule, pay for any injury or illness that is not related to direct participation in a sanctioned athletic activity.

In the event of an injury, the athletic department has an **excess policy** that will help cover medical expenses that are incurred for athletic related injuries. Since the athletic department policy is an excess policy, the student athlete's own **primary insurance** will be billed first, and our policy will cover expenses beyond the primary policy. Please understand that the medical bills received from our providers will not affect your insurance premiums. Also note that our policy will cover expenses for athletic related injuries for two years from the date of injury. After this two year period, Saint Joseph's College will not be responsible for any expenses related to any injuries. As a result, it is imperative that all injuries are reported to the appropriate athletic training personnel immediately. We have developed the following procedure to assist in processing bills that may occur as a result of athletic injury:

1. All medical bills incurred as a result of an athletic-related injury will be billed to the student athlete's own primary insurance.
2. If you or the student athlete receives a bill, submit it to your own primary insurance for payment.
  - a. The insurance company will do one of two things:
    - i. honor the claim and pay all or a portion of the bill or
    - ii. deny the claim entirely.

- b. If after submittal there remains a balance, you or the student athlete will receive a bill and an explanation of benefits (EOB).
      - i. Send the EOB and an itemized bill to the **Athletics Office, Linda Deno, P.O. Box 875, Rensselaer, IN 47978**, so that it may be submitted to our insurance carrier.
  3. At any time after beginning athletic participation at Saint Joseph's College the student athlete's insurance information changes, it is your responsibility to notify the athletic training room immediately.
    - a. Saint Joseph's College will not be responsible for a claim if you change insurance plans and we are not notified of this change.
  4. All medical treatment, evaluation, testing, et cetera must be authorized and referred by the athletic training staff.
    - a. Authorization and referral will be made via the completion of appropriate paperwork prior to receiving any such services.
    - b. If authorization and/or referral for medical service is not obtained, **SJC will not accept any responsibility for payment of services.**
    - c. If the injury occurs after hours, a member of the athletic training staff must be notified by telephone as soon as reasonably possible.
    - d. If the condition is an emergency or other unusual circumstances exist that prohibit prior completion of paperwork, athletic training personnel must be notified as soon as reasonably possible.
  5. SJC will not be liable for any medical expenses related to vision except for replacement/repair of damaged eyeglasses, protective eye wear, or contact lenses or injury to the eye as a result of direct participation in supervised, sanctioned, sport-related, team activities.
  6. SJC will not be liable for dental expenses unless resulting from participation in supervised, sanctioned, sport-related, team activities. Damage to sound and natural teeth is subject to the limits and the provisions of the athletic department's current excess medical policy in effect at the time and must be deemed reasonable and medically necessary.

You may view Saint Joseph's College's complete medical policy at [www.saintjoe.edu](http://www.saintjoe.edu). Click on "Athletics" and then the athletic training link or simply save the enclosed pamphlet for later reference.

Should you have any questions regarding this matter, please feel free to contact our athletic training department at (219) 866-6336. Thank you in advance for your prompt attention to the enclosed material.

For Your Safety in Athletics,

Jared Hall, MS, LAT, ATC  
Head Athletic Trainer  
Saint Joseph's College



Saint Joseph's College  
 Department of Intercollegiate Athletics  
 Athletic Training  
 P.O. Box 875  
 Rensselaer, IN 47978  
 (219) 866-6336

**AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION**

- Initial \_\_\_\_\_ AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO ATHLETIC TRAINING STUDENTS AND OTHER ATHLETIC TRAINING STAFF
- Initial \_\_\_\_\_ AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO PROFESSIONAL TEAMS AND REPRESENTATIVES
- Initial \_\_\_\_\_ AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO THE MEDIA
- Initial \_\_\_\_\_ AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO PARENT (S) AND/OR GUARDIAN (S)
- Initial \_\_\_\_\_ AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO COACHES AND ATHLETICS STAFF

This authorizes the athletic trainers, team physicians, and athletics staff including coaches representing Saint Joseph's College to release information concerning my medical status, medical conditions, injuries, prognosis, diagnosis, and related personally identifiable health information to athletic training students and other athletic training staff members. This information includes injuries or illnesses relevant to past, present, or future participation in athletics at Saint Joseph's College.

The reason for this disclosure is to allow such individuals participating in the delivery of athletic training services to assist and participate in providing healthcare to me while I am a student athlete. I understand that the above recipients entitled to this information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be re-disclosed publicly and that the information will no longer be protected by those regulations.

I understand that Saint Joseph's College will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization at any time by notifying - in writing - the Head Athletic Trainer, and that if I do, it will not have any effect on actions the College took in reliance on this authorization prior to receiving the revocation. **This authorization expires six years from the date it is signed unless revoked earlier.**

\_\_\_\_\_  
 Printed name of student-athlete

\_\_\_\_\_  
 Sport

\_\_\_\_\_  
 Signature of student-athlete

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Legal Guardian  
 (If student-athlete is under 18 years of age)

\_\_\_\_\_  
 Date

I have reviewed the above statements but I do not wish to authorize this release. \_\_\_\_\_  
 Initials

# Saint Joseph's College

## Acknowledgement of Medical Policies and Insurance Coverage Information

I have received and read a copy of the Department of Intercollegiate Athletics medical policies and insurance coverage information. I understand that these policies and procedures will be followed.

I agree also to notify, the sports medicine unit of the Department of Intercollegiate Athletics if primary insurance coverage of the student athlete changes during the course of the year.

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Student-Athlete's Signature

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Date

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Parent/ Guardian Signature

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Date

**This form must be signed and returned to the Saint Joseph's College, Athletic Training Room, before the student-athlete will be allowed to practice.**

Please sign and return this form to:

Jared Hall, MS, LAT, ATC  
Head Athletic Trainer  
Saint Joseph's College  
P.O. Box 875  
Rensselaer, IN 47978



**Emergency Contact: ( if parent(s) cannot be reached)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Is the company or listed plan considered a Health Maintenance Organization (HMO) \_\_\_\_\_ or a Preferred Provider Organization PPO?  
\_\_\_\_\_
2. Is your daughter/son covered at this time by your present surgical & hospital insurance policy? \_\_\_\_\_
3. Does your insurance require a second medical/doctor's opinion? \_\_\_\_\_
4. Does your insurance require pre-authorization admission for hospital admission? \_\_\_\_\_ if yes, phone number (\_\_\_\_)  
\_\_\_\_\_

**Parent & Athlete:** I hereby authorize Saint Joseph's College and its excess insurance company to inspect or secure copies of case history records, laboratory reports, diagnosis, x-rays, and any other data covering this and/or previous confinements and/or possibilities. A photo static copy of this authorization shall be deemed as effective and valid as the original.

X \_\_\_\_\_

PARENT'S SIGNATURE

X \_\_\_\_\_

ATHLETE'S SIGNATURE

**Parents & Athlete:** This form **must** be completed and returned to the following address **before the student-athlete can practice or compete.**

**Parents & Athlete:** **Saint Joseph's College, Athletic Training Room, P.O. Box 875, Rensselaer, IN 47978**  
I acknowledge receiving one copy of SJC's Athletic Injury & Medical Policy. I understand the College responsibility and limits to a student who becomes injured as a result of participation in the intercollegiate sport.

X \_\_\_\_\_

PARENT'S SIGNATURE

DATE

X \_\_\_\_\_

ATHLETE'S SIGNATURE

DATE

**IMPORTANT NOTICE: Please attach a copy of your insurance card (front & back) along with Prescription card if separate.**