



Presentation College
1500 N. Main Street
Aberdeen, SD 57401

INTERCOLLEGIATE ATHLETICS RETURNING STUDENT-ATHLETE MEDICAL FORMS CHECKLIST

Dear PC Student-Athletes,

Welcome back to Aberdeen. We are excited to see you return to continue your pursuit of athletic excellence and academic success. As a returning student-athlete there are a few for necessary to complete your medical paperwork. Please use the below checklist to assure all necessary forms are completed and there is no delay in your participation in your given sport.

We request all of the following medical documentation be completed and returned to the address below by **prior to the start of your athletic participation.**

**Presentation College
Attn: Athletic Training
1500 N. Main Street
Aberdeen, SD 57401**

All of the documents you will need to complete are located on the Presentation College Athletics Web Site. **Delayed completion of these requirements may delay your ability to try-out or participate in any team activities.** Please complete the following checklist and return all documentation to the above address:

_____ Complete the **Presentation College Returning Athletic Medical History Update Form** You, as the student-athlete, must type on-line (and print) the requested information and sign appropriate pages.

_____ Read completely and sign the **Presentation College Consent and Medical Information Release Form.**

_____ Read completely **Presentation College Concussion Protocol and read, initial, and sign the Concussion Acknowledgement and Statement.**

_____ Complete and sign the **Presentation College Athletic Insurance Verification Form.** Also, include a **photocopy of the front and back of the primary insurance card** for the policy under which the student- athlete is covered. If the student-athlete is covered by more than one policy, please include copies of cards for all policies. Even if you have an photocopy on file from last year, this must be updated.

_____ Complete the **Presentation College Emergency Contact Information Form.**

_____ Read completely and sign the **Presentation College Sickle Cell Trait Form.**

_____ If you have had surgery or have been under the care of a physician for an injury or illness within the past 12 months, provide:

- A note clearing you for unrestricted participation in the intercollegiate sport you are intending to play or a note describing current activity restrictions
- Physician notes, including post-op reports, imaging reports, and any precautions or restrictions related to the treated condition.

The Presentation College Athletic Training Staff aims to provide the student-athletes with the best possible medical care available. If you have any questions regarding any of these forms or policies please contact us at 605.229.8303. Go SAINTS!



INTERCOLLEGIATE ATHLETICS RETURNING ATHLETE MEDICAL HISTORY UPDATE

PC Student-Athlete – only complete this form if you competed on a PC intercollegiate athletic team during the past school year.

Name _____ Date _____ Sport _____

1. Have you had any health-related problems or seen a medical doctor since **LAST MAY**? Yes No If yes, when and for what reason?

2. Do you take any medication(s) regularly or for emergency use? Yes No If yes, please list the medication(s), why you take them (i.e., diabetes, asthma, bee sting, allergies), and dosage.

3. List any other medical conditions or allergies that you may have developed since last **LAST MAY**?

4. Do you take any nutritional supplements/ergogenic aids? Yes No If yes, please list the brand, frequency, and amount of the supplement/ergogenic aid taken.

5. Review of systems: Please check if you have developed any problems with any of the following areas of your body since last **LAST MAY**:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Eyes | <input type="checkbox"/> Muscles/Tendons |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Ears | <input type="checkbox"/> Bowel/Bladder |
| <input type="checkbox"/> Shoulders, elbows, hands, fingers | <input type="checkbox"/> Nose | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Back | <input type="checkbox"/> Mouth/throat | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Hips, knees, legs, feet | <input type="checkbox"/> Lungs | <input type="checkbox"/> Nutrition/weight control |
| <input type="checkbox"/> Genital (including menstrual for females) | <input type="checkbox"/> Heart | <input type="checkbox"/> Depression/Anxiety |
| | | <input type="checkbox"/> Other: what? |

Explain _____

I have answered truthfully all questions and understand that withholding any history of prior illness/injury may release Presentation College from any financial responsibility or legal liability for a preexisting problem.

Student-Athlete's Signature

Date

Reviewed by PC Athletic Training Staff:

Staff Printed Name

Staff Signature

Athlete's Name: (Please Print): _____

Please read the following sections carefully. If you are under 18 years of age, your legal guardian must also sign.

Shared responsibility for Sport Safety

_____(initial) Participation of sports requires an acceptance of risk injury. Student-athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them. Our athletic trainers and physicians will periodically analyze injury patterns to refine rules and make safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to endorse compliance with safety guidelines. "Compliance" means respect on everyone's part of the intent and purpose of a rule or guideline.

Medical Consent

_____(initial) I hereby grant permission to Presentation College athletic trainers, team physicians, and/or their consulting physicians to render myself/son/daughter any treatment and medical or surgical care that they deem reasonable necessary to the health and wellbeing of the student-athlete. I also hereby authorize the athletic trainers at Presentation College who are under the direction and guidance of the Presentation College team physicians, to render myself/son/daughter any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and wellbeing of the student-athlete. Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Responsibilities

_____(initial) I furthermore...

- A. Understand that it is my responsibility to report all injuries and illness to athletic training staff as soon as possible.
- B. Understand that I am expected to report promptly as scheduled for treatment, rehab, or other appointments.
- C. Understand that I will continue to receive treatment/rehab until released by the athletic training staff.
- D. Understand that Presentation College cannot be held responsible for any previous medical condition(s) I might have.

Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(if under 18)

My signature release remains valid until August 1, 2015 or until revoked by myself in writing.



Presentation College
1500 N. Main Street
Aberdeen, SD 57401

INTERCOLLEGIATE ATHLETICS MEDICAL INFORMATION RELEASE

Athlete's Name: (Please Print): _____

Please read the following sections carefully. If you are under 18 years of age, your legal guardian must also sign.

Release of Information – Part One

_____(initial) I hereby give my consent for the athletic trainers, team physicians, or other medical personnel of Presentation College to release such information regarding my medical history, record of injury or surgery, record of serious illness and rehabilitation results as may be requested by the scout or representative of any professional or amateur athletic organization seeking such information.

I understand that a record will be kept of all individuals requesting such information and the date of the request. This information is normally confidential and, as provided in this release, will not be otherwise released by the parties in charge of the information.

OPTIONAL - Release of Information – Part Two

_____(initial) This is to authorize Presentation College athletic trainers and team physicians, to release medical information on myself/son/daughter, to my legal guardian, any information concerning illness or injury relative to my past, present, or future participation in athletics at Presentation College.

OPTIONAL - Release of Information – Part Three

_____(initial) This is to authorize Presentation College athletic trainers and team physicians to release to the Presentation College Sports Information and the media at any time, all medical information on myself/son/daughter including but not limited to any information concerning illness or injury relative to my past, present, or future participation in athletics at Presentation College.

Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(if under 18)

My signature release remains valid until August 1, 2015 or until revoked by myself in writing.



Preseason Baseline

- All athletes will undergo preseason baseline testing including the ImPACT Concussion Evaluation (ImPACT)

Recognition of Concussion

- Any athlete with any sign of concussion should be immediately be seen by the athletic training staff
- An athlete will be determined to have a concussion and warrant further testing if any one of the following occurs:
 - The athlete reports or demonstrates any sign or symptom of a concussion as a result of a specific hit to the head or other body part,
 - There is a witnessed hit to the head in which any sign or symptom of concussion is observed, or
 - The athlete reports any two signs or symptoms of a concussion as a result of participation in an at risk sport of concussion
- All examinations of a suspected concussion should be documented using the SCAT3 assessment form.

Assessment of Concussion

- Immediate Assessment
 - Immediate assessment of a possible concussion should be performed by the PC athletic training staff as soon as it is discovered.
 - The athletic training staff will utilize the SCAT3 to determine the post-concussion symptoms (and severity); cognitive, psychomotor, and neurologic deficits.
 - The athlete should be referred to a physician if they meet the any one of the qualifications of referral outlined in the Physician Referral Checklist from the NATA Position Statement
 - Day of injury referral (* Requires immediate transport to emergency room)
 - Deterioration of neurologic function*
 - Decreasing levels of consciousness*
 - Decreasing or irregular respirations*
 - Decrease or irregular pulse*
 - Unequal, dilated or unreactive pupils*
 - Seizure activity*
 - Signs or symptoms of associated fractures of skull or spine*
 - Mental status changes*
 - Amnesia lasting longer than 15 minutes
 - Loss of consciousness on the field
 - Increase in blood pressure
 - Vomiting
 - Cranial nerve deficits
 - Balance deficits subsequent to initial evaluation
 - Cranial nerve deficits subsequent to initial evaluation
 - Sensory deficits subsequent to initial evaluation
 - Motor deficits subsequent to initial evaluation
 - Post-concussive symptoms that worsen
 - Additional post-concussive symptoms compared with those on the field
 - Delayed Referral (After day of injury)
 - Any of the findings in the day of injury referral category
 - Post-concussive symptoms worsen or do not improve over time
 - Increase in the number of Post-concussive symptoms reported
 - Post-concussive symptoms begin to interfere with athlete's daily activities
 - Post-concussive symptoms last longer than 24 hours
 - Time of initial injury will be recorded
 - Immediate assessment of a possible concussion should be performed by the PC athletic training staff as soon as it is discovered
 - The athletic training staff will utilize the SCAT3 to determine the post-concussion symptoms (and severity); cognitive, psychomotor, cranial nerve, and neurologic deficits.
- Post-injury follow-up (24-72 hours after injury)
 - Athlete will follow-up with athletic trainer
 - Athlete will take ImPACT and SCAT2 to determine post-injury lows
- Athlete will follow-up a minimum of daily until completion of Return to Play Progression
- Concussions will not be graded; however, progress will be determined by cumulative score on the SCAT3
- Athletes should not be taking any pain medications during return to play progression.

INTERCOLLEGIATE ATHLETICS CONCUSSION PROTOCOL

Return to Play Progression

- Athletes should not be returned to play the same day of injury.
- When returning athletes to play, they should be **medically cleared and then follow a stepwise supervised program**, with stages of progression. The below table illustrates the return to play steps that will be taken with PC student-athletes.

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
No activity	Physical and cognitive rest	Recovery
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, 70 % maximum predicted heart rate. No resistance training	Increase heart rate
Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
Non-contact training drills	Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training	Exercise, coordination, and cognitive load
Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
Return to play	Normal game play	

- At least 24 hours (or longer) must pass for each stage and if symptoms return the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.
- If the athlete is symptomatic for more than 10 days, then the student-athlete will be referred to the team physician.
- The above step-wise approach is taken during a student-athlete's return to activity. For information on a student-athletes return to academic activity, please see the PC Athletics Concussion Return to Academics Protocol.

INTERCOLLEGIATE ATHLETICS CONCUSSION RETURN TO ACADEMICS PROTOCOL

What is a Concussion?

A concussion is a brain injury that:

- Is caused by a blow to the head or body
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

What are the symptoms of a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include, but are not limited to:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you may vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

Recognition of Concussion

If any student-athlete self-reports or is reported have **any** sign/symptom of a concussion, he/she will be examined by the PC athletic training staff. The staff will utilize the Sport Concussion Assessment Tool 3 (SCAT3) to determine post-concussion symptoms (and severity), cognitive, psychomotor, and neurologic deficits. The initial SCAT 3 assessment will be used to determine resolution of symptoms and return of normal brain function.

Return to Academics ("return-to-learn") Guidelines

Concussed student athletes may exacerbate symptoms with physical or **cognitive** exertion. Examples of cognitive exertion include: reading, watching TV, using a computer, playing video games, or other activities that stimulate the senses. As with return to physical activity; a slow, progressive return to academic activity ensures that a brain injury is healing and can handle the stress of cognitive exertion.

Once a student-athlete has been diagnosed with a concussion by a Presentation College certified athletic trainer (ATC), the following steps will be initiated to facilitate recovery:

1. The ATC will obtain permission to speak with their instructors regarding the concussion.
2. The ATC will contact the instructors on behalf of the student to inform them of the condition and the recommendations for cognitive rest.
3. The ATC will update the instructor on a daily/semi-daily basis regarding the student-athlete's progression and what cognitive activities the student-athlete has been cleared to do.

What can instructors do?

- Understand that a concussion is a brain injury and during the initial stages, brain rest is a key factor in recovery
- Assist the student in making adjustments or modifications to their academic load. This may include:
 - Giving additional time to hand in work or assignments
 - Providing notes for lectures
 - Exam accommodations (additional time, reading exam questions to the student-athlete, etc.)
 - **Know that this condition does not excuse the student-athlete from work, assignments, exams, or other requirements of the course.**

INTERCOLLEGIATE ATHLETICS CONCUSSION RETURN TO ACADEMICS PROTOCOL

Step	Return to Learn Overall Plan	Progression
1	No Academic/Cognitive Activity <ul style="list-style-type: none"> • Full rest • No screens (i.e. laptop, cell phone, TV) • Student must be assessed by a PC staff AT to document the concussion timeline 	Continue on step 1 until symptoms have resolved. Student-athlete may progress to step 2 when all symptoms have resolved for a period of 24 hours.
2	Light Academic Activity (Trial School Attendance) <ul style="list-style-type: none"> • Limited attendance (i.e. 2 hours/day) • Student to work in either classroom or library (under supervision of the CLC. • No testing or evaluations 	Continue on step 2 until all light academic activity can be completed without return of symptoms for a 24 hour period.
3	Increased Academic Activity <ul style="list-style-type: none"> • Increased attendance (i.e. 50 to 75% days) • Student to work in either classroom or library (if outside of classroom, student-athlete will be supervised by CLC staff) • No testing or evaluations 	Continue on step 3 until all increased academic activity can be completed without return of symptoms for a 24 hour period.
4	Full-time Attendance (with single class exceptions) <ul style="list-style-type: none"> • Student will return to the classroom with the exception of certain courses (i.e. phys. ed., music etc.) • No testing or evaluations 	Continue on step 4 until all full-time attendance tasks can be completed without return of symptoms for a 24 hour period.
5	Return to Majority of Academic Activities <ul style="list-style-type: none"> • Full-time attendance • No testing until cleared by AT staff 	Continue on step 5 until all academic activities can be completed without return of symptoms for a 24 hour period.
6	Return to Full Program <ul style="list-style-type: none"> • Full-time attendance without restrictions 	

INTERCOLLEGIATE ATHLETICS CONCUSSION ACKNOWLEDGEMENT AND STATEMENT

CONCUSSION A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body
-From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletic department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.

Take time to recover. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you may vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.



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INTERCOLLEGIATE ATHLETICS CONCUSSION ACKNOWLEDGEMENT AND STATEMENT

I, _____ understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the sports medicine staff of my institution (e.g. athletic training staff, team physician). I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed any prior medical conditions and will also disclose any future conditions to the sports medicine staff at my institution. I fully understand that:

_____ athletic activities involve risks and dangers of serious bodily injury, including initial permanent disability, paralysis, and death ("Risks")
INITIAL

_____ these Risks and dangers may be caused by my own actions or inactions, the initial actions or inactions of others participating in the Activity, or the condition in which the Activity takes place or;
INITIAL

_____ there may be other risks and social and economic losses either not known to me initially or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.
INITIAL

I have read and understand the above *Concussion Fact Sheet for Student-Athletes*.

After reading the Concussion Fact Sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my team initial physician or athletic trainer.
INITIAL

_____ A concussion can affect my ability to perform everyday activities, and affect initial reaction time, balance, sleep, and classroom performance.
INITIAL

_____ You cannot see a concussion, but you might notice some of the symptoms right initial away. Other symptoms can show up hours or days after the injury.
INITIAL

_____ If I suspect a teammate has a concussion, I am responsible for reporting the initial injury to my team physician or athletic trainer.
INITIAL

_____ I will not return to play in a game or practice if I have received a blow to initial the head or body that results in concussion-related symptoms.
INITIAL

_____ Following concussion the brain needs time to heal. You are much more likely initial to have a repeat concussion if you return to play before your symptoms resolve.
INITIAL

_____ In rare cases, repeat concussions can cause permanent brain damage, and initial even death.
INITIAL

Signature of Student-Athlete

Date

Printed name of Student-Athlete





Presentation College
1500 N. Main Street
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INTERCOLLEGIATE ATHLETICS ATHLETIC INSURANCE VERIFICATION

On behalf of the athletic training staff, we welcome you to Presentation College. The below information relates to the policies regarding care and treatment of athletically related injuries that occur during participation at Presentation College. Most injuries sustained during participation will be examined, cared for, and/or treated in-house by the PC athletic training staff and Team Physician. If an injury requires examination, diagnostic procedures, and or surgery outside the scope of the athletic training staff, the financial responsibility will lie with the student-athlete and/or parents/legal guardians. All student-athletes participating in intercollegiate athletics at Presentation College must provide evidence that includes coverage for athletically-related injuries.

ALL STUDENT-ATHLETES ARE REQUIRED TO HAVE PERSONAL INSURANCE, EITHER THROUGH A PERSONAL POLICY OR THROUGH THEIR PARENTS/GUARDIANS.

PRESENTATION COLLEGE DOES NOT PROVIDE ANY PRIMARY OR SECONDARY ATHLETIC INSURANCE COVERAGE.

No student-athlete will be allowed to participate in any way until such evidence of current insurance coverage is on file with the PC athletic training staff. The enclosed Acknowledgement of Insurance requirement form **and a photocopy of both sides of insurance card** must be on file before a student-athlete can participate.

Insurance coverage must have a limit of at least \$75,000 and cover athletically-related injuries. If your insurance does not meet these requirements, Presentation College can recommend insurance companies which have such policies. Presentation College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Presentation College.

If you have any questions regarding the terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

The NAIA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$75,000 deductible.

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

(Parent/Guardian Version)

I, _____, as parent, guardian or legal representative, attest that _____ has insurance coverage under a current, in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics. This coverage has a limit of at least \$75,000.

(Student Version)

I, _____, attest that I have insurance coverage under a current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics. This coverage has limits of at least \$75,000.

Parent/Guardian Signature

Date

Student-Athlete Signature

Date

YOU MUST INCLUDE A COPY (*FRONT AND BACK*) OF YOUR CURRENT INSURANCE CARD



INTERCOLLEGIATE ATHLETICS ATHLETIC INSURANCE VERIFICATION

The following information and authorization must be completed, signed, and returned before the athlete will be allowed to participate!

Athlete's Full Name	Sport	Date of Birth
Permanent Address	City	State Zip
Phone		

PRIMARY INSURANCE

Policy Holder	Relationship
Policy Holder's Date of Birth	
Policy Holder's Home Address	City Zip
Home Telephone Number	Cell Number
Policy Holder's Employer's Name	
Employer's Address	City Zip
Name of Insurance Company	
ID Number	Group Number
Insurance Mailing Address	City Zip
Insurance Company Telephone Number	

Is your dependent son/daughter covered under the above policy? Yes No.
 Does your insurance require: a second opinion for surgery? Yes No
 Pre-authorization for service Yes No

SECONDARY INSURANCE

Policy Holder	Relationship
Policy Holder's Date of Birth	
Policy Holder's Home Address	City Zip
Home Telephone Number	Cell Number
Policy Holder's Employer's Name	
Employer's Address	City Zip
Name of Insurance Company	
ID Number	Group Number
Insurance Mailing Address	City Zip
Insurance Company Telephone Number	

Is your dependent son/daughter covered under the above policy? Yes No.
 Does your insurance require: a second opinion for surgery? Yes No
 Pre-authorization for service Yes No

Please indicate which of the following medical facilities in the Aberdeen area your insurance company will allow you to use. If your insurance company allows you to receive services anywhere, Avera-St. Luke's Clinics and Hospital will be used since our Team Physicians are affiliated with Avera-St. Lukes.

PLEASE CHECK ALL THAT APPLY:

- My insurance allows for services **ANYWHERE** in the Aberdeen area.
- My insurance allows for **EMERGENCY** services **ONLY** in the Aberdeen area.
- Avera-St. Lukes** Hospital/Clinics
- Sanford** Hospital/Clinics



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INTERCOLLEGIATE ATHLETICS EMERGENCY CONTACT INFORMATION

Athlete's Name: _____

In case of emergency please list two people who should be contacted.

Contact #1 Name: _____

Relationship to Athlete: _____

Emergency Number: (Home): _____ (Cell): _____

(Work): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #2 Name: _____

Relationship to Athlete: _____

Emergency Number: (Home): _____ (Cell): _____

(Work): _____

Address: _____

City: _____ State: _____ Zip Code: _____

The following should be completed each subsequent year of participation at Presentation College.

I attest the above information is current.

	<u>Athlete Initials</u>	<u>Date</u>
<input type="checkbox"/> 2 nd year of eligibility	_____	_____
<input type="checkbox"/> 3 rd year of eligibility	_____	_____
<input type="checkbox"/> 4 th year of eligibility	_____	_____
<input type="checkbox"/> 5 th year of eligibility	_____	_____



Athlete's Name: _____ Sport: _____

About Sickle Cell Trait:

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is not a disease (in general, people with this are healthy).
- Sickle cell trait is a common condition (> three million Americans).
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing:

- The NAIA encourages that all student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- Testing can be accomplished with a simple blood test that is relatively inexpensive.
- If a test is positive, the student-athlete will be offered counseling on the implications of sickle cell trait, including health, athletics and family planning. Student-athletes will also receive further information of the Sickle Cell Trait and precautions that should be taken.
- If there is any knowledge of family history of the Sickle Cell Trait, the Presentation College Athletic Training staff requires that the student-athlete gets tested prior to competing in athletics at Presentation College; or signs the Sickle Cell trait testing waiver.

YES

NO

I have no known knowledge of the Sickle Cell trait in my family's history.

SICKLE CELL TRAIT TESTING WAIVER

I, _____, hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to Presentation College's Athletic Training staff. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless, Presentation College, its Athletic Training staff, and team physician from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the mandate of the NAIA and Presentation College Department of Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance.

Student-Athlete Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(if under 18)

Reviewed by PC Athletic Training Staff: _____