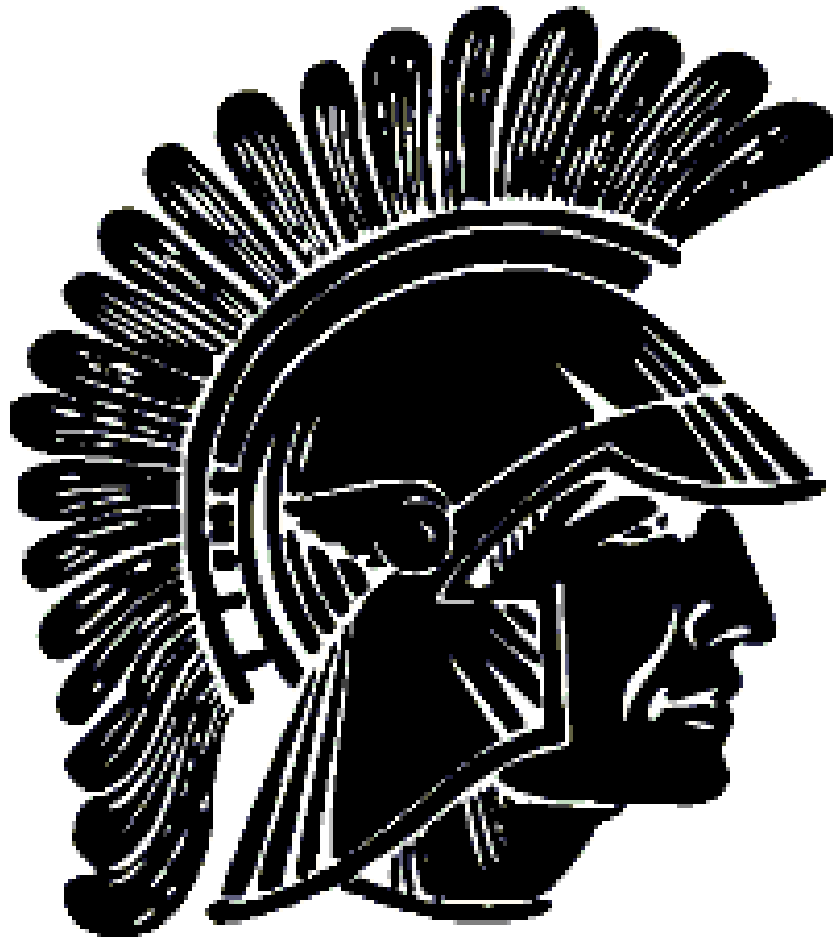


MISSOURI BAPTIST UNIVERSITY
ATHLETIC TRAINING SERVICES
MEDICAL INFORMATION PACKET



FRESHMAN & TRANSFER
STUDENT-ATHLETES

Parent(S)/Guardian(s) & Student-Athlete:

The forms that must be completed are as follows:

- Medical History
- Personal & Insurance Information
- Acknowledgement of Insurance Coverage Responsibility
- Assumption of Risk
- Consent for Medical Treatment
- Authorization for Routine Release of Information
- Consent to Perform Urinalysis for Drug Test

All forms must be printed, completed in blue or black pen, signed and returned to the Athletic Training Department prior to the student-athlete arriving to campus.

DIRECTIONS:

1. Print forms listed above from the medical packet
2. Complete in blue or black pen and sign all forms
3. **Copy the front and back of your current insurance card**
4. Mail forms to Missouri Baptist University Athletic Training Department (Address at the bottom of the page) no later than **July 23, 2010.**

Meredith Dill, M.S., ATC
Head Athletic Trainer
Missouri Baptist University
One College Park Dr.
St. Louis, MO 63141

JER. 30:17 "But I will restore you to health and heal your wounds, declares the Lord"

One College Park Drive – St. Louis, Missouri 63141 – (314) 392-2399 Office, (314) 744-5379 Fax
Web: www.mobap.edu



Missouri Baptist University

ATHLETIC TRAINING

Dear New MBU Student-Athlete:

The MBU Athletic Training staff would like to welcome you to our athletic program; we are glad you have chosen to be a part of Missouri Baptist University. In preparation for the upcoming season we need your assistance to help start your sports medicine file. Enclosed you will find:

1. **MEDICAL HISTORY. PLEASE READ THE INSTRUCTIONS ON ALL PARTS OF THIS FORM.** This form will take some time to fill out – please do so as **COMPLETELY and ACCURATELY** as possible. It is also very important that you familiarize yourself with the information on this form. While you may need parents help to complete portions of the form, such as the family medical history, please be sure you know the information that is on the form. Many of the questions ask for detailed explanations, the more information we have the better. **Please do not forget to sign the last page of the medical history and your PARENT(S)/LEGAL GUARDIAN(S) MUST also sign the last page, unless you are married or over 18 years of age.**
2. **PERSONAL & INSURANCE INFORMATION.** This is the form that is used *while traveling with your sport* and in the event of an *emergency medical referral or a scheduled doctors appointment related to an athletic injury.* **THIS FORM IS VERY IMPORTANT and REQUIRES ALL PORTIONS OF THE FORM TO BE COMPLETED. THE POLICYHOLDER'S SIGNATURE AND A COPY OF THE CURRENT INSURANCE CARD (front/back) IS REQUIRED.**
3. A letter to you and your parents explaining care and management of athletic injuries and related medical expenses. **Please make sure you and your parents carefully read this letter.**
4. **Acknowledgment of Insurance Coverage Responsibility. NOTE: Both the student-athlete and the insurance policyholder needs to sign this form.**
5. **Assumption of Risk/Consent to Treat/Release of Information.**
6. **MBU Drug Policy & Testing Program Consent Form** (Please read policy in the student handbook at www.mbuspartans.com)

We cannot emphasize enough our need for these forms to be as complete as possible. The completion of these forms will allow the process of physicals to be smoother and get you participating with your team on time. **Mail a printed and signed copy of all forms along with a copy of the front and back of your current insurance card to the MBU Athletic Training Department no later than July 23, 2010. Failure to fully complete the forms or submitting a current health insurance card will result in a delay in your ability to practice, compete, or participate in your sport.**

If you have any questions regarding the information requested please do not hesitate to contact the MBU athletic training staff at: dillm@mobap.edu , maurera@mobap.edu , wallacem@mobap.edu .

If you have suffered a recent significant injury, or have a history of a medical problem/injury which will need to be looked at by our staff or team physician (ex. ACL reconstruction, recurrent shoulder dislocations, multiple concussions) please let us know immediately. This provides us time to request medical records, talk with your physician(s), etc. before you arrive for your pre-participation physical in August. Thank you for your cooperation and we look forward to meeting you this fall. Have a great summer!!

Sincerely,

Meredith Dill, MS, ATC
Head Athletic Trainer

Amy Maurer, MSE, ATC
Assistant Athletic Trainer

Matt Wallace, MS, ATC
Assistant Athletic Trainer

JER. 30:17 "But I will restore you to health and heal your wounds, declares the Lord"

**One College Park Drive – St. Louis, Missouri 63141 – (314) 392-2399 Office, (314) 744-5379 Fax
Web: www.mobap.edu E-Mail: dillm@mobap.edu**



MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING NEW ATHLETE MEDICAL HISTORY

Name _____

Sport _____

Please answer all questions COMPLETELY and THOROUGHLY. If a question does not apply to you, please respond with N/A. Failure to disclose or falsification of medical information may invalidate your insurance coverage; cancel your eligibility to participate in intercollegiate athletics according to NAIA rules, and releases Missouri Baptist University from financial responsibility for undisclosed conditions. Any existing or past problems must be discussed with the team physician at the time of the physical examination.

I. FAMILY HISTORY

Has any member of immediate family ever had any of the following conditions:

CONDITION	YES	NO	RELATION	SPECIFIC TYPE	AGE AT ONSET
CANCER					
DIABETES					
HEART PROBLEMS					
HIGH BLOOD PRESSURE					
STROKE					
AIDS / HIV					

Has a family member or relative died of heart problems or of sudden death before age 50? Yes ___
No ___

If yes, please explain: _____

II. PERSONAL HEALTH HISTORY

PERSONAL PHYSICIAN: _____ PHONE: (_____) _____

Please indicate whether you have experienced, been diagnosed with, or advised of any of the following conditions:
Please provide specific details for any "yes" answers.

A. HEART/CIRCULATORY

	YES	NO	DATES / DETAILS
ANEMIA			
CHEST PAIN WITH EXERCISE			
DIZZINESS WITH EXERCISE			
FAINTING / PASSING OUT			
HEART MURMURS			
HEART PROBLEMS			
HIGH / LOW BLOOD PRESSURE			
RHEUMATIC FEVER			
SICKLE CELL ANEMIA			
TIRE MORE QUICKLY THAN OTHERS			

B. RESPIRATORY

	YES	NO	DATES/DETAILS
ASTHMA/EXERCISE INDUCED ASTHMA			
FREQUENT COLDS			
FREQUENT SORE THROATS			
PNEUMONIA/BRONCHITIS			
DO YOU USE AN INHALER			

C. INTERNAL

	YES	NO	DATES/DETAILS
APPENDICITIS / SPLEEN TRAUMA			
FREQUENT DIARRHEA			
HEPATITIS / JAUNDICE			
HERNIA			
KIDNEY / BLADDER DISORDERS			
ULCER / STOMACH PROBLEMS			
URINARY / RECTAL DISORDERS			

D. NEUROLOGICAL

	YES	NO	DATES/DETAILS
CONCUSSION, IF YES, HOW MANY			
EPILEPSY / SEIZURES			
FREQUENT HEADACHES			
MIGRAINE HEADACHES			

E. SYSTEMIC

	YES	NO	DATES/DETAILS
CANCER / LEUKEMIA			
DIABETES			
HEAT ILLNESS			
HIV / AIDS / AUTO-IMMUNE			
MONONUCLEOSIS			
SKIN PROBLEMS (MRSA, impetigo, etc.)			

F. OTHER

	YES	NO	DATES/DETAILS
EAR INFECTIONS / SURGERY			
HEARING LOSS			
LOSS / DYSFUNCTION OF PAIRED ORGAN			
MAJOR SURGERY OR ADVISED*			

*FOR ANY MAJOR SURGERIES, PLEASE REQUEST AN OPERATIVE REPORT BE FAXED TO OUR OFFICE AT 314-744-5379.

LIST ANY MEDICATIONS TAKEN REGULARLY _____

LIST ANY VITAMINS/ SUPPLEMENTS TAKEN REGULARLY _____

DO YOU CONSUME DAIRY PRODUCTS DAILY? YES ___ NO ___

DO YOU TAKE A CALCIUM SUPPLEMENT? YES ___ NO ___

ARE YOU A VEGETARIAN OF ANY TYPE? YES ___ NO ___ If Y please describe type: _____

G. FEMALES

	YES	NO	DATES/DETAILS
HAVE YOU EVER HAD A GYNO EXAM			
GYNO EXAM WITHIN LAST YEAR			
MISSED PERIODS IN LAST 6 MOS			NUMBER OF MISSED PERIODS:
PAINFUL OR DIFFICULT PERIODS			
DO YOU USE ESTROGEN (i.e. birth control)			

H. ALLERGIES

ARE YOU ALLERGIC TO...	YES	NO	DATES/DETAILS
MEDICATIONS			
CHEMICALS (i.e. DETERGENTS)			
FOODS			
INSECT STINGS			
PLANTS / ANIMALS			
DUST / MOLDS			

Any other please describe: _____

I. DENTAL HISTORY

DENTIST: _____ PHONE: _____ LAST EXAM (year): _____

	YES	NO	DATES/DETAILS
DO YOU HAVE ANY FILLINGS			
DO YOU HAVE CAPPED TEETH			
DO YOU EXPERIENCE ANY TOOTH PAIN			
HAVE YOU EVER WORN BRACES / RETAINERS			
HAVE YOU HAD YOUR WISDOM TEETH REMOVED			
HAVE YOU EVER HAD A JAW FRACTURE			
DO YOU EXPERIENCE PAIN WITH CHEWING			
DO YOU EXPERIENCE PAIN WITH TEMPERATURE EXTREMES			
ANY OTHER DENTAL PROBLEMS (PLEASE SPECIFY)			

J. BEHAVIORAL HISTORY

	YES	NO
HAVE YOU EVER BEEN TREATED FOR SUBSTANCE ABUSE		
HAVE YOU EVER BEEN TREATED FOR A BEHAVIORAL OR EMOTIONAL DISORDER		
HAVE YOU EVER BEEN DIAGNOSED WITH ANOREXIA, BULIMIA OR OTHER DISORDERED EATING PATTERN		
HAVE YOU EVER BEEN TREATED FOR A LEARNING DISABILITY SUCH AS ATTENTION DEFICIT DISORDER OR ATTENTION DEFICIT HYPERACTIVITY DISORDER		
DO YOU EXPERIENCE UNUSUAL MOOD SWINGS, DEPRESSION OR ANXIETY		

K. VISION HISTORY

NAME OF PERSONAL OPTOMETRIST: _____ PHONE: _____
 LAST EXAM (year): _____

	YES	NO
HAVE YOU HAD AN EYE INJURY WHICH REQUIRED MEDICAL ATTENTION		
HAVE YOU EXPERIENCED A LOSS OF VISION		
DO YOU WEAR GLASSES		
DO YOU WEAR CONTACTS circle type: Hard Soft/Disposable		

L. ORTHOPEDIC HISTORY

DATE	BODY PART	INJURY	MRI, CT, BONE SCAN (type and date performed)

PLEASE REQUEST THAT TEST RESULTS BE FAXED TO OUR OFFICE AT 314-744-5379 (if done in last 12 months).

NECK	YES	NO	RT / LT	DATE(S)	DETAILS
SPRAINS / STRAINS					
FRACTURES / DISLOCATIONS					
PINCHED NERVES					
"BURNERS" OR "STINGERS"					
RADIATING PAIN					
OTHER					
HAD SURGERY OR ADVISED TO					

ADDITIONAL DETAILS:

SHOULDER/CLAVICLE	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
DISLOCATIONS					
SEPARATIONS					
TENDINITIS / BURSITIS					
JOINT "SLIPS OUT" OR ARM "GOES DEAD"					
PAIN WITH THROWING					
OTHER					
HAD SURGERY OR ADVISED TO					

ADDITIONAL DETAILS:

ARM	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
CALCIUM DEPOSITS					
MUSCLE STRAINS					
"BURNERS" OR "STINGERS"					
OTHER					
HAD SURGERY OR ADVISED TO					

ADDITIONAL DETAILS:

Name _____

ELBOW	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
SPRAINS / STRAINS					
DISLOCATIONS					
TENDINITIS / BURSITIS					
OTHER					
HAD SURGERY OR ADVISED TO					
ADDITIONAL DETAILS					

WRIST/HAND/FINGERS	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
SPRAINS					
DISLOCATIONS					
TENDON INJURIES					
TINGLING / NUMBNESS					
OTHER					
HAD SURGERY OR ADVISED TO					
ADDITIONAL DETAILS:					

MID/LOW BACK	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
DISC INJURY					
SPONDYLOLYSIS/STRESS FX					
SPRAINS/STRAINS					
MUSCLE SPASMS					
STIFFNESS					
PAIN WITH LIFTING					
PAIN / TINGLING / NUMBNESS					
RADIATING INTO LEGS					
OTHER					
HAD SURGERY OR ADVISED TO					
ADDITIONAL DETAILS:					

PELVIS/HIPS	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES/DISLOCATIONS					
STRESS FRACTURES					
CONTUSIONS/HIP POINTERS					
SPRAINS					
MUSCLE STRAINS					
OTHER					
HAD SURGERY OR ADVISED TO					
ADDITIONAL DETAILS:					

THIGH	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
STRESS FRACTURES					
SEVERE CONTUSIONS/ CALCIUM DEPOSITS					
MUSCLE STRAINS					
OTHER					
HAD SURGERY OR ADVISED TO					
ADDITIONAL DETAILS:					

KNEE	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
SPRAINED LIGAMENTS-SPECIFY					
TORN LIGAMENTS-SPECIFY					
TORN CARTILAGE (MENISCUS)					
DISLOCATED KNEECAPS					
SWELLING					
GIVING OUT					
LOCKING					
TENDINITIS/BURSITIS					
OTHER					
WEAR BRACES OR SLEEVES					
HAD SURGERY OR ADVISED TO					

ADDITIONAL DETAILS:

LOWER LEG	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
STRESS FRACTURES					
STRAINS					
ACHILLES PAIN					
ACHILLES RUPTURE					
CALF PAIN					
SHIN SPLINTS					
OTHER					
HAD SURGERY OR ADVISED TO					

ADDITIONAL DETAILS:

ANKLE	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
SPRAINS					
DISLOCATIONS					
OTHER					
USE TAPE OR BRACES					
HAD SURGERY OR ADVISED TO					

ADDITIONAL DETAILS:

FEET/TOES	YES	NO	RT / LT	DATE(S)	DETAILS
FRACTURES					
STRESS FRACTURES					
STRAINS					
DISLOCATIONS					
"TURF TOES"					
TINGLING/NUMBNESS					
ARCH PROBLEMS / ORTHOTICS?					
OTHER					
HAD SURGERY OR ADVISED TO					

ADDITIONAL DETAILS:

ANY PROBLEMS NOT ALREADY NOTED: _____

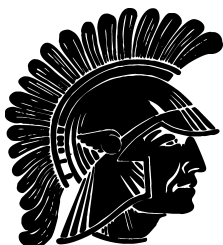
I hereby certify that the above stated responses are true and accurate and I understand that failure to disclose or falsification of information may disqualify me from participation in intercollegiate athletics and releases Missouri Baptist University from medical, legal, and financial responsibility for such conditions. I hereby also give my full consent to be examined by members of the Missouri Baptist University Athletic Training Staff. I submit to any medical tests deemed necessary by a team physician during physicals before determining my medical eligibility to participate. I understand these tests are to be **done at my own expense**.

STUDENT-ATHLETE SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE (IF STUDENT-ATHLETE IS UNDER 18 YEARS OF AGE) _____

DATE _____



MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING PERSONAL & INSURANCE INFORMATION 2010-2011

.....
PLEASE FILL OUT COMPLETELY (Please notify us during the school year if any information changes!)
***All information is required**

STUDENT-ATHLETE

LAST NAME: _____

SPORT: _____

FIRST NAME: _____

ACADEMIC STATUS: FR SO JR SR 5th Grad

(CIRCLE ONE)

DATE OF BIRTH: _____

YEAR OF ELIGIBILITY: 1 2 3 4

(CIRCLE ONE)

SS#: _____

(This is needed for referral to medical providers & insurance claims)

HOME/ Primary Residence

CAMPUS/Local Address: Check if same

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____

PHONE: (_____) _____

STUDENT-ATHLETE'S CELL PHONE: (_____) _____

STUDENT-ATHLETE'S SCHOOL E-MAIL: _____

STUDENT-ATHLETE'S Other E-MAIL: _____

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

LAST NAME, FIRST: _____

LAST NAME, FIRST: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

HOME PHONE: (_____) _____

HOME PHONE: (_____) _____

CELL PHONE: (_____) _____

CELL PHONE: (_____) _____

E-MAIL: _____

E-MAIL: _____

.....
STAFF USE ONLY

- _____ MEDICAL HISTORY
- _____ PERSONAL AND INSURANCE INFORMATION
- _____ INSURANCE INFO. & AUTHORIZATION FORM
- _____ INSURANCE CARD (front / back)
- _____ ACKNOWLEDGEMENT OF INSURANCE COVERAGE RESP.
- _____ ASSUMPTION OF RISK
- _____ CONSENT TO TREAT
- _____ AUTHORIZATION TO RELEASE INFORMATION
- _____ DRUG TEST

COMMENTS / MEDICAL ALERTS: _____

 RECEIVER'S INITIALS: _____
 DATE: _____



MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING INSURANCE INFORMATION

Dear Parent(s)/Guardian(s) and Student-Athlete:

Missouri Baptist University (MBU) is happy to have your son and/or daughter as a participant in the MBU athletic program. The MBU Intercollegiate Athletic Department is concerned with the health of its student-athletes, and assigns the athletic training/sports medicine staff the responsibility of overseeing the health and well-being of our student-athletes. This includes the prevention, evaluation, treatment, and rehabilitation of injuries sustained during intercollegiate practices and events for MBU. It is our desire for your son and/or daughter to achieve academic, social, and athletic success at MBU.

Prior to participation in ANY MBU team sanctioned activity (such as a game, practice, conditioning, weightlifting etc.) each student-athlete is required to undergo a physical examination with the school's designated team physician. The final decision on physical qualifications or reason for disqualification is the responsibility of the team physician in consultation with the head athletic trainer. The team physician and athletic training staffs also make decisions throughout the year when a student-athlete may return to practice or competition after an injury.

When a student-athlete is injured, the athletic training staff or coach will make an initial assessment to determine if emergency first aid should be administered. Follow-up care and subsequent referral to other medical personnel will be determined by an athletic training staff member in conjunction with the team physician. When injuries occur we attempt to provide and help facilitate the best possible care for our student-athletes. Medical bills may be incurred when a student-athlete is referred to other medical professionals for further evaluation, imaging, and/or treatment for an injury sustained during a MBU sanctioned practice or competition. It is YOUR responsibility to: (1) ensure coverage remains current at all times, (2) the insurance plan provides coverage besides the emergency room, and (3) when a referral is necessary, following up with your insurance company to ensure maximum benefits.

To help facilitate outside medical referrals for your son/daughter in the event of an injury or illness, your cooperation is needed to complete and return the enclosed medical history / insurance information forms. All the information on these forms is requested for a specific reason, and therefore it is imperative to complete all sections, including a signature by the policyholder of the primary health insurance plan which covers the student-athlete. If the student-athlete is the policyholder then their signature as policyholder is required. A copy of the front and back of their primary health insurance card is also required; prescription and dental insurance cards are not required but if the student-athlete is covered by these plans we strongly encourage you to provide front and back copies of these cards. The athletic training staff must have ALL of the aforementioned required information on file prior to a student-athlete's participation in ANY team activity. The emergency contact information must be completed as accurately as possible. Copies of all of these forms, along with the insurance card copies accompany our student-athletes at all team activities home and away. Therefore, an accurate, completed form is necessary for providing the quickest, most efficient, and proper medical care of your son and/or daughter in the event they suffer an injury, necessitate emergency medical attention, and/or for the subsequent insurance filing process.

One Firm Statement

The NCAA/NAIA/NJCAA discourages any college or university from providing coverage or paying the bills incurred for expenses related to illnesses or conditions not sustained as the direct result of an accident in our intercollegiate sports program. (This includes pre-existing conditions and non-athletic injuries, skin disorders, etc.) Therefore, MBU will not provide coverage or be responsible for expenses related to illnesses or conditions not sustained as a result of an acute accident during practice or competition.

Policy on Prescription Drugs

MBU athletics does not assist in payment for prescription drugs. We encourage, but do not require submission of a prescription drug card with your complete medical packet, to assist in the case of an emergency referral.

Policy on Dental

MBU athletics encourages, but does not require submission of dental insurance cards. This will enable a more expedient processing of dental injuries. Only acute care of a dental injury may be covered by MBU.

Insurance Coverage - Further Explanation

The athletic accident insurance policy retained by MBU provides excess coverage to the primary health insurance plan under which your son and/or daughter is covered. Claims for the MBU insurance plan may be filed for accidents a student-athlete suffers while participating in an official game/match or official team practice/strength and conditioning session. If an acute injury occurs during one of these events (home/away), it must be reported to the MBU athletic training staff before medical treatment is administered by a health professional or within 24 hours of injury in the case of an emergency. Failure to report the injury within this time period releases MBU and its insurance carrier from any expenses incurred related to the injury. Additionally, surgical considerations for an athletic injury will take into account whether St. Louis area surgeons take the primary health insurance plan of the student-athlete. If no local surgeons take the student-athlete's policy, MBU athletic training staff may require surgery to be performed in-network for the policy to guarantee coverage.

Claim Procedure

All medical bills for your son and/or daughter incurred while participating with their intercollegiate sports teams and, deemed to be covered by the athletic training staff will be sent directly to your son and/or daughter or to your home address. You will be notified if a situation would dictate this to be any different. In some cases, the athletic department may request a copy of a bill, but in no case will the athletic department be the primary place for medical bills to be sent. The following summarizes the billing process:

- A. Your son and/or daughter is seen by a medical provider and their primary health insurance card/plan will be billed. Upon receiving a claim from the provider the insurance company will do one of the following things:
 1. Honor the claim and pay all or a percent of the billed amount by the provider.
 2. Not honor the claim and send you a letter of denial. Two common reasons for denial and/or loss of coverage are: (1) Requirement of proof of full-time enrollment status of your son/daughter at MBU, and (2) Coverage for your son/daughter is dropped on or soon after they turn 22 (common with U.S. government group policies).
- B. If a balance remains after your primary health insurance plan has paid a percent of the billed amount by the provider, send a copy of the explanation of benefits form sent from your health insurance company, and a copy of the itemized bill sent to you from the medical provider to MBU's excess insurance plan. A letter will be mailed to you by MBU's excess policy following receipt of an insurance claim. Contact an athletic training staff member at MBU for this mailing information if you do not receive a letter. If you receive a letter of denial from your primary health insurance plan, then send the letter of denial and a copy of the itemized bill from the medical provider to the MBU excess insurance plan.

PLEASE NOTE: If there is any change to your primary health insurance throughout the school year, notify the athletic training staff immediately. If a student-athlete suffers an injury while not under coverage of a primary health insurance plan (due to a lapse in coverage for any reason) you are in violation of MBU's policies of participation and MBU will not provide financial benefit for this injury.

- C. In most cases the excess policy retained by MBU will promptly handle all claims sent to them by the athletic training staff. However, you or your son/daughter may be required to provide additional information to the insurance company in their effort to process your claim as quickly and thoroughly as possible. It is in your best interest to promptly return all paperwork to them as soon as possible since all the bills incurred are in your name and medical providers may not know you are waiting on another insurance plan to pay.

PLEASE NOTE: Policyholder and/or parent(s)/guardian(s) should retain this letter for future references

If your primary family health insurance coverage, which covers your son/daughter is through an **HMO, PPO, or POS** you must follow the proper procedures required by your plan in order for MBU's insurance to satisfactorily complete its portion of the claim. This is especially important if your plan requires pre-authorization to have your student-athlete treated if out of your plan's service area. It is **NOT** the responsibility of the MBU Athletics or Athletic Training departments to obtain pre-authorization. MBU Athletic Training is **NOT** responsible for nor will the staff advise or recommend a primary health insurance policy for a student-athlete to obtain.

Thank you in advance for completing and returning the enclosed forms. If you have any questions concerning the University's insurance policy or emergency contact information, please contact the athletic training office at Meredith Dill at (314) 392-2399, Amy Maurer at (314) 392-2281, or Matt Wallace at (314) 744-5380.

Sincerely,

Meredith Dill, MS, ATC
Head Athletic Trainer
Missouri Baptist University

Thomas Smith, Ed. D
Director of Athletics
Missouri Baptist University



**MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING
ACKNOWLEDGMENT OF INSURANCE COVERAGE
RESPONSIBILITY
2010-2011**

Name of Student-Athlete: _____

I, the undersigned, acknowledge receiving the information from *Missouri Baptist University (MBU)* concerning athletic insurance coverage and procedures.

I understand the limited extent of *MBU's* responsibility to its student-athlete in that:

1. MBU provides EXCESS insurance coverage to a student-athlete's primary health insurance which goes into effect after receipt of the Explanation of Benefits (EOB) paid by the student-athlete's personal insurance carrier. Our policy has a \$250.00 deductible clause for EACH injury sustained by the student-athlete.
2. Medical bills incurred, as a result of a coverable injury sustained by the student-athlete during the student-athlete's participation in a MBU sponsored sport, are ultimately the student-athlete's responsibility and could affect the student-athlete's credit rating. It is thus the student-athlete's, not MBU's responsibility to follow-up and ensure all bills are being paid in a timely manner.
3. MBU, as per NAIA regulations, cannot be responsible for illnesses or other general medical conditions.
4. MBU's excess insurance policy, as per NAIA regulations, cannot be responsible for any injuries that occur outside an officially designated intercollegiate competition, practice, or team mandated strength and conditioning session, including any travel associated with officially designated intercollegiate practice or competition. (See Student-Athlete Athletic Insurance Information)
5. Referral of a student-athlete for precautionary medical attention by a MBU Athletic Trainer to health providers may not guarantee athletic insurance coverage. MBU cannot be responsible for any medical bills incurred relating to pre-existing conditions, injuries, illness, or non-traumatic injuries such as shin splints, stress fractures, tendonitis, skin disorders, and other general medical conditions.
6. MBU encourages submission of prescription, dental, vision insurance cards to help facilitate and expediate a student-athlete's care but the University does not file a claim to assist in payment in most cases pertaining to use of these insurance cards.
7. Medical referrals for athletic injuries deemed coverable by MBU athletics and its excess insurance carrier must be determined by the athletic training staff in conjunction with the team physician. Referral decisions by the student-athlete and/or their parent(s)/guardian(s) without approval will not be covered by MBU's athletics.

*** Both the policyholder and the student-athlete must read MBU Insurance Information and sign/date this form.**

I, the undersigned, WILL RETAIN PRIMARY HEALTH INSURANCE DURING THE ENTIRE 2010-2011 SCHOOL YEAR. I, the undersigned, will cooperate to the best of my ability to see that all medical bills incurred are filed with the appropriate insurance carrier, and settled in a timely manner. I, the undersigned, will quickly return any requests for information submitted to me by Missouri Baptist University and/or its insurance carrier of record.

STUDEN- ATHLETE SIGNATURE: _____

DATE: _____

POLICYHOLDER'S SIGNATURE: _____

DATE: _____

(IF POLICYHOLDER IS UNDER 18 YEARS OF AGE, PARENT/GUARDIAN'S CO-SIGNATURE IS NEEDED)



MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING ASSUMPTION OF RISK (SHARED RESPONSIBILITY FOR SPORT SAFETY)

A statement of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports – revised 2008/2009 school year

Participation in intercollegiate athletics involves unavoidable exposure to an inherent risk of injury. However, student-athletes rightfully assume that those who sponsor intercollegiate athletics have taken reasonable precautions to minimize the risks of injury from athletics participation. In an effort to do so, the NCAA collects injury data in intercollegiate sports. When appropriate, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports makes recommendations to modify safety guidelines, equipment standards, or a sport's rules of play.

It is important to recognize that rule books, safety guidelines, and equipment standards, while helpful means of promoting safe athletics participation, are themselves insufficient to accomplish this goal. To effectively minimize the risks of injury from athletics participation, everyone involved must understand and respect the intent and objectives of applicable rules, guidelines, and standards. The institution, through its athletics director, is responsible for establishing a safe environment for its student-athletes to participate in its intercollegiate athletics program. Coaches should appropriately warn student-athletes about the sport's inherent risks of injury and instruct them how to minimize risks while participating in games, practices, and training.

The team physician and athletic health care team should assume responsibility for developing an appropriate injury prevention program and providing quality sports medicine care to injured student-athletes. Student-athletes should fully understand and comply with the rules and standard of play that govern their sports as well as follow established procedures to minimize their risk of injury. In summary, all persons participating in, or associated with, an institution's intercollegiate athletics program share responsibility for taking steps to reduce effectively the risk of injury during intercollegiate athletic competition.

The following illustration uses football head/neck injury prevention and covers only one significant safety problem in sport. Other concerns within football and other sports can be similarly approached. It is impossible and should be unnecessary to expect the game officials to examine each helmet of the teams before each game to ensure that every helmet meets NOCSAE safety standards. Respect for the approved safety standard alone should ensure that nothing but NOCSAE helmets are available to be worn. Optimal effectiveness will come only from the athlete's informed compliance with all basic principles of head/neck injury prevention.

1. Serious head and neck injuries, which may lead to death, permanent brain damage, or quadriplegia, occur each year in football. The toll is relatively small, but persistent (less than one fatality and one non-fatal severe brain and spinal cord injury for every 100,000 players). They cannot be completely prevented due to the tremendous forces occasionally encountered in football collisions, but they can be minimized by manufacturer, and coach and athlete compliance with accepted safety standards.
2. The NOCSAE seal on a helmet indicates that a manufacturer has complied with the best available engineering standards for head protection. By keeping a proper fit, by not modifying its design, and by reporting to the coach or equipment manager any need for its maintenance, the athlete is also complying with the purpose of the NOCSAE standard.



INITIALS

3. The rules against intentional butting, ramming, or spearing the opponent with the helmeted head are to protect the helmeted person more so than the opponent being hit. The athlete who does not comply with these rules is the candidate for catastrophic injury. For example, no helmet can offer protection to the neck, and quadriplegia now occurs more frequently than brain damage. The typical scenario of this injury in football is lowering of the head while making a tackle. The momentum of the body tries to bend the neck after the helmeted head is stopped by the impact, and the cervical spine cannot be “splinted” as well by the neck’s muscles with the head lowered as with the referred “face up, eyes forward, neck bulled” position. When the force at impact is sufficient, the vertebrae in the neck can dislocate or break, causing damage to the spinal cord, and can thereby produce permanent loss of motor and sensory function below the level of injury.

4. Because of the impact forces in football, even the “face up” position is no guarantee against head or neck injury. Further, the intent to make contact “face up” is not a guarantee that the position can be maintained at the moment of impact. Consequently, the teaching of blocking/tackling techniques which keep the helmeted head from receiving the brunt of the impact is now required by rule and coaching ethics, and coaching techniques which help athletes maintain or regain the “face up” position during the milieu of a play must be respected by the athletes. Coaches should acquaint their athletes appropriately of risks of injury and the rules employed to minimize significant injury while pursuing the many benefits of sport.

The athlete and the athletic program have a mutual need for an informed awareness of the risks being accepted and for sharing the responsibility for controlling those risks. My signature below certifies I have read and understand the Statement of the NCAA Committee on Competitive Safeguards and the Medical Aspect of Sports, specifically relating to Shared Responsibility for Sport and Safety.

At Missouri Baptist University (MBU), every effort is made to control the risk of injury. The athletic training department strives to identify trends in athletic injury. Once trends have been identified, steps are taken to control the risks and causes of these trends.

Despite these efforts, it should be understood that a certain amount of injuries will occur, including the possibility of catastrophic injury, or even death as a result of intercollegiate athletic participation. The student-athlete and their parent(s)/guardian(s) should be cognizant of this fact and understand that at MBU, every possible step is being utilized to make sports participation as safe as possible.

I certify that I have read and understand the above statement and agree to accept the shared responsibility for my safety as a student-athlete at MBU.

STUDENT-ATHLETE SIGNATURE

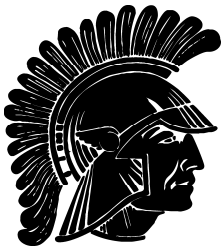
AGE

DATE

PARENT/GUARDIAN SIGNATURE
(IF STUDENT-ATHLETE IS UNDER 18 YEARS OF AGE)

DATE

ATHLETE'S SPORT



MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING CONSENT TO MEDICAL TREATMENT

I hereby give my consent to receive medical treatment for injuries/illnesses incurred by me as a result of my participation in athletic activities as a student-athlete at Missouri Baptist University (MBU). I understand that treatment will only be carried out by members of the MBU Medical Staff or designated outside agencies. I also understand that medical decisions regarding my participation status are solely those of the MBU Medical Staff based on all medical information available and agree to abide by any decision made, understanding that said decision is made in the best interest of my overall health and well-being.

STUDENT-ATHLETE SIGNATURE

AGE

DATE

PARENT/GUARDIAN SIGNATURE
(IF STUDENT-ATHLETE IS UNDER 18 YEARS OF AGE)

DATE

AUTHORIZATION FOR ROUTINE RELEASE OF INFORMATION

The undersigned student-athlete or parent/guardian requests and authorizes MBU Department of Athletics to release routine student-athlete health information as described below.

A. Health Information to Be Released. I am authorizing release of routine health and injury information.

Routine health and injury information includes information pertaining to injuries occurring during practice, games, competitions and other public athletic events.

B. Recipient. This authorization is valid for release to team physicians, or other medical specialists as determined necessary by the MBU Medical Staff.

C. Purpose. Athletics is seeking this authorization in order to coordinate in advance the management of student-athletes' health information. By signing below, I am agreeing to this purpose.

D. Expiration. This authorization expires one year from the date signed.

E. Explanation of Rights. I, as student-athlete or parent/guardian, understand that:

- I may refuse to sign this authorization for routine disclosures.
- I have the right to revoke this authorization at any time, provided that I submit my written revocation to the Head Athletic Trainer at MBU, One College Park Dr., St. Louis, MO 63141
- Any revocation of this authorization does not apply to disclosures already made by MBU in reliance on this authorization or for disclosures otherwise required by law.
- I have the right to review my Athletics Department health record before signing this authorization.
- It is possible that the person/entity authorized by my signature to receive the above health record(s) has no duty to protect the confidentiality of records disclosed to them. There is a risk that the recipient may re-disclose the information.

F. Authorization.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF MY MISSOURI BAPTIST UNIVERSITY ATHLETICS' HEALTH INFORMATION AS DESCRIBED IN THIS FORM.

STUDENT-ATHLETE SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE
(IF STUDENT IS UNDER 18 YEARS OF AGE)

DATE

Appendix B

CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

*This form **must** be signed and on file in the Athletic Office before any student-athlete will be able to participate in any intercollegiate athletic activities*

I have read and understand the Missouri Baptist University Athletic Department Drug Policy and Testing Program, and I agree to participate in drug testing as described in the policy of the university. I certify by my signature below I consent to have a sample of my urine collected and tested for the presence of drugs in accordance with the Missouri Baptist University Department of Athletics Drug Policy and Testing Program.

I understand this testing will occur at such a time or times as deemed appropriate by the Head Athletic Trainer, Athletic Director, Head Coach or other university staff member.

I understand any urine samples will be sent to a SAMHSA certified or WADA accredited laboratory for actual testing, and the samples will be coded to provide confidentiality.

I hereby authorize the release of such urine testing results to the Head Athletic Trainer, Athletic Director, Head Coach, and other University officials as deemed appropriate. I understand these results will be made available to me.

I also understand should I refuse to submit to testing at the time requested, I will not be permitted to participate in any intercollegiate sporting program until such time as the Department of Athletics and Missouri Baptist University shall deem appropriate.

I hereby release Missouri Baptist University, its Trustees, Officers, Employees, and Agents from legal responsibility or liability for the release of such information and records as authorized by this form.

Date

Student-Athlete