To: Athletes and Parents of Cabrillo College

From: Mark Ramsey, Head Athletic Trainer

Please review the following information, relative to the completion of the forms required for athletic insurance and medical information. All of these forms except for the Emergency Medical Card can be found on our sports medicine website www.cabrillo.edu/academics/athletics/training. Please complete all forms in pen. Information can also be entered through the web @ cabrillo2.atsusers.com. To set up new account enter NEW for athlete ID and NEW for password. You will personalize user information once in the system.

1. The student athlete should complete both sides of the Blue Emergency Medical Information Card.

2. Parents should fully complete the insurance participation questionnaire (1B). Please keep a copy of the school insurance policy, and sign the (1A) form, recognizing you have read and understand the policy. Forms are can be identified by the number in the upper right hand corner.

3. Form 1C, documenting consent for medical treatment, release of liability, and consent for the release of medical information to Cabrillo College, should be filled out and signed by the athlete and the parent if the athlete is a minor.

4. The medical history form for the physical exam should be completed and signed by the athlete. Pre-Participation Sport physicals will be held at Cabrillo College. Please check our sports medicine website for details on physical dates and times. If the athlete is unable to make these physicals they MUST receive a physical elsewhere prior to participation.Athletes may also receive a physical through the Student Health Center on campus. You can make an appointment at (831)479-6435. ATHLETE MUST RECEIVE A PRE-PARTICIPATION PHYSICAL TO PARTICIPATE IN CABRILLO COLLEGE ATHLETICS.

5. The athlete should be reminded that an orthopedic examination and clearance is required for any significant past history of injury. Examination must be done by the physician who attended to your injury, and a clearance note must be given to the athletic training staff at Cabrillo College. You may also require clearance from our team doctors.

The medical history form, the insurance questionnaire, and the Emergency Medical Information Card, must be completed and returned by to the following address:

Cabrillo College Athletics
ATTN: Mark Ramsey, MA, ATC
6500 Soquel Drive
Aptos, CA 95003

If you have any questions, please contact us at (831)479-6448, and we will get back to you with the pertinent information. Thank You.
ATHLETIC INSURANCE POLICIES & PROCEDURES

PRINT NAME ___________________________ DATE ____________

1. CABRILLO COLLEGE insurance is not a comprehensive medical policy. It does not cover illness or disease involving internal complication.

2. CABRILLO COLLEGE insurance does not cover a non-accidental injury. An accidental injury is a sudden, unexpected, external and violent event that occurs independently of any other cause.

   Covered Examples:
   - Twisted knee with torn cartilage or ligament.
   - Sudden acute muscle tear from throwing or running.

   Not Covered Examples:
   - Knee injury that is a degenerated condition
   - Injury that does not occur while participating in Cabrillo College Athletics
   - Pre-existing injuries
   - Congenital injury or condition

3. CABRILLO COLLEGE insurance does not cover injury that results as a complication from a previous injury:

   Not Covered Examples:
   - Previous Lumbar herniated disk.
   - Previous ACL deficient knee.

4. An accidental injury must be verified as to a specific cause and time. Timely reporting of your injury is necessary as medical visits must be initiated and billing records filed within 120 days in order for a claim to be valid.

5. An injury must occur during practice/game sessions. A gastro-intestinal problem with onset or aggravation during practice is not directly related or caused by your sport participation and therefore is not a covered expense if a claim is made.

6. Referrals are based on medical need. You are not automatically covered simply because you file a medical claim.

7. Personal, recreational, PE or any other injury outside of officially supervised practice will not be covered. Personal health insurance information may be obtained through the Health Center. Call 479-6435.

8. CABRILLO COLLEGE insurance is secondary to any insurance you may have. Verification of your insurance status must be on hand prior to a claim being made. The insurance company will not pay without this verification.
9. If you have primary insurance, you are responsible for handling the bill and making sure your insurance gets all the bills.

10. Cabrillo College will not pay the $50-$100 student athlete deductible; this fee will have to be paid by the student athlete or their insurance. Cabrillo College must be provided with information about coverage, an explanation of paid benefits from your insurance company, and a signed claim form for Cabrillo College's policy. Claims cannot be made without these items.

11. If you have prepaid (Kaiser) or health maintenance organization (HMO) insurance, then you must use that insurance and its facilities. You are responsible for any bills not paid by your insurance of this type.

12. If your insurance requires pre-authorization for a specific doctor or coverage of service (i.e. braces), THIS MUST BE DONE.

13. All non-emergency injuries should be referred through the Training Room or Student Health Services. You will be responsible for bills incurred otherwise.

14. The CABRILLO COLLEGE Student Health Center and team physicians should be used when appropriate. Do not seek non-emergency medical treatment on your own unless you will be responsible for the bills.

15. If you seek medical treatment for an illness or injury on your own or by referral from the Training Room and as a result are unable to practice, YOU MUST OBTAIN A CLEARANCE BY THE DOCTOR YOU SAW PRIOR TO RETURNING TO PRACTICE. The clearance should be in writing and preferably on a CABRILLO COLLEGE referral form. Failure to verify your safe return to practice will result in missed practice time.

16. Student athletes at Cabrillo College are reminded that the current athletic insurance benefits are on a one year program. This means that insurance coverage for injuries suffered while participating in intercollegiate athletics at Cabrillo College will terminate one calendar year from the date of the injury.

17. All insurance questions with regard to unpaid bills, dual coverage, etc. should be referred to the office of Sandi Moore, Confidential Assistant to the Vice President of Student Services in Room 902, phone number 479-6317.

By signing below student athletes are indicating a full understanding of items # 1-16

ATHLETE'S SIGNATURE

PRINT NAME______________________________ DATE______________

Parental signature is also required if primary insurance is carried through parents.

PARENT'S SIGNATURE_______________________ DATE______________
Cabrillo College
Verification of Insurance Form

Athlete's Name ___________________________ Sport __________________

Dear Parent,
Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in games or practice at Cabrillo College, is secondary to any other group insurance benefits in which your child is covered. This simply means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer or your spouse's employer. After they have paid all available benefits, our athletic insurance company will pay any remaining amounts, up to the maximum limits of this policy. Cabrillo College DOES NOT cover a $50-$100 student athlete deductible.

WE, AS THE SCHOOL, DO NOT HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE.

Please list the information for the person whose Insurance Policy covers your son/daughter:
Parent Name ___________________________ Social Security# __________________

Address ________________________________________________________________
Street __________________________________________________________________
City, State, Zip
d

Employers Name __________________________

Employers Address _______________________________________________________
Street __________________________________________________________________
City, State, Zip
d

Home Telephone # (____) __________________ Work Telephone # (____) ____________

Insurance Company ________________________________

Group Policy # ____________________ Policy/Subscriber # _______________________

Mailing Address For Claims ________________________________________________
Street __________________________________________________________________
City, State, Zip
d

Insurance Company Phone # (____) __________________

Please circle the type of Insurance Policy you have: HMO PPO Other ______

Is the student-athlete covered under this or any health insurance plan?
(Circle One) Yes or No

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Parent Signature ___________________________ Date ____________________
Cabrillo College Intercollegiate Athletics
Medical Consent and Consent for Medical Information Release

I/we hereby grant permission to Cabrillo College and its physicians, Certified Athletic Trainers and/or other medical staff to render first aid, treatment, medical or surgical care deemed reasonably necessary to the health and well being of (student) ___________________________.

I/we fully authorize the Certified Athletic Trainers at Cabrillo College or the institution where a visiting event or match is taking place, to render any first aid or preventative, rehabilitative, or emergency treatment deemed reasonably necessary to protect the health and well being of (student) ___________________________.

I/we additionally grant, when necessary for protecting the health and well being of (student) ___________________________, permission for hospitalization, treatment or surgery at a competent and/or accredited facility.

I/we further release Cabrillo College and its Certified Athletic Trainers, agents, servants and employees from any liability for damage and injury to (student) ___________________________. I/we hereby accept full responsibility for any and all damages or injuries sustained as a result of participation in (sport) ___________________________.

I/we additionally grant Cabrillo College and its medical staff access to my medical history and medical information throughout the duration of my participation in intercollegiate athletics at Cabrillo College. This includes access to medical information from physicians and medical facilities not affiliated with Cabrillo College. This release also includes information and past and present injury/illnesses.

The undersigned also understands that for any injury or illness requiring them to miss a practice or game, whether receiving medical treatment or not, must be cleared by a physician or Certified Athletic Trainer prior to resuming participation in intercollegiate athletics at Cabrillo College.

I/we also take responsibility for review and comprehension of Cabrillo College insurance policies and procedures.

Athlete Signature ___________________________ Date: ______________

Parent Signature (if athlete is a minor) ___________________________ Date: ______________
Cabrillo College Sports Medicine
Pre-Participation Sports Physical
Medical History Form

Date: 

Name: ____________________________ Sex: M F Age: ______ Date of Birth: ________

Address: ______________________________ Phone: ____________________________

School: ____________________________ Grade: ________ Sport: ____________________

Medical History:

Explain “Yes” answers on the back of this page.

Yes No

1. Do you take daily medications?
   (including medical marijuana) ________ ________

2. Have you ever been hospitalized? ________ ________

3. Have you ever had surgery? ________ ________

4. Do you have any allergies? (medicine, seasonal, insects) ________ ________

5. Have you ever passed out (unconscious) during or after practice? ________ ________

6. Strenuous workouts can normally make most athletes feel out of breath
   or cause a burning throat or chest pain. **Other than this**, have you ever
   Experienced sudden onset of difficulty breathing, chest pain or pressure,
   or sudden fainting sensation? ________ ________

7. Do you tire more quickly than your friends of similar size during exercise? ________ ________

8. Have you ever had high blood pressure? ________ ________

9. Have you ever been told you have a heart murmur? ________ ________

10. Have you ever had sudden racing of your heart, or skipped heart beats? ________ ________

11. Has anyone in your family dies of heart problems or sudden death before
    Age 50? ________ ________

12. Do you have any skin problems? (itching, rashes, or acne) ________ ________

13. Have you ever had a head injury that required medical attention? ________ ________

14. Have you ever been knocked unconscious or had loss of memory? ________ ________

15. Have you ever had a seizure? ________ ________

16. Have you ever had prolonged or recurrent muscle cramping? ________ ________

17. Do you have trouble breathing or do you cough after activity ________ ________

18. Do you use any special equipment (braces, splints, immobilizer, etc.)? ________ ________

19. Have you had any problems with your eyes or vision? ________ ________

20. Do you wear contacts, glasses or protective eyewear? ________ ________

21. Have you had any other medical problems (infectious mononucleosis,
    Diabetes, etc.) ________ ________

22. Have you had a medical problem or injury since your last evaluation? ________ ________

23. Have you ever sprained/strained, dislocated, fractured, broken, had
    repeated swelling or other injuries to any bones or joints? ________ ________

   Head Back Shoulder Forearm Hand Hip Ankle
   Neck Chest Elbow Wrist Finger Thigh Shin Foot

24. When was your first menstrual period? ________ When was your last menstrual period? ________

25. Are you missing any organs (testicles, eyes, kidney)? ________ ________

26. Have you ever had an injury to your ear or hearing loss? ________ ________

I hereby state that to the best of my knowledge, my answers to the above questions are correct,

Date: __________ Signature of athlete: _________________________________

Signature of parent/guardian: (If athlete is under the age of 18) ________________________________