

2009-10 CHECKLISTS OF ATHLETIC TRAINING INFORMATION

Returning and Prospective Student Athletes:

Until these forms are complete and you have been released to practice by the Athletic Training Staff, you will not be permitted to practice. There are **NO** exceptions to this requirement. Listed below are the forms as well as instructions on how to correctly complete each form. Please check that all have been included.



1. **HEALTH REPORT (physical form):** Complete the front side; include your primary insurance information. The backside must be completed and ***signed*** by a physician. If seeing a family doctor or physician other than GCU's, an associated **stamp** must verify the doctor's practice. You must also ***sign*** the back of this form.
2. **HEALTH HISTORY QUESTIONNAIRE:** Complete all three pages of the form entirely. For every box you have marked with a "YES" answer, please include an explanation in the space provided, and list year of injury or illness. Remember to ***sign*** your name at the bottom. **Please have the physician look over this form before your physical.** The ATC at GCU will screen the form and sign it in the provided spaces.
3. **HEAT ACCLIMATION QUESTIONNAIRE:** The purpose of this form is to help the athletic training staff determine if you are at risk for heat illnesses. Please read and answer all questions.
4. **PRIMARY INSURANCE CARD:** Please be sure to include a legible copy of both the front and back of the card. The card is needed in case of an emergency situation or to set up appointments with the team physicians. *****DON'T FORGET THIS ONE!!!
5. **STUDENT-ATHLETE ACKNOWLEDGEMENT AND CONSENT INFORMATION:** *Please read the information for each of these specific areas. Print out the last page (signature page), sign and return.*
 - **ACKNOWLEDGEMENT OF RISK:**
 - **CONSENT TO TREAT AND TRANSPORT:** In case of severe accidental injury where you are unable to give verbal consent this allows us to treat and transport you.
 - **CONSENT TO RELEASE MEDICAL INFORMATION:** Information for athletic injury insurance purposes so that we may contact your parents if they are the primary insurance carrier, physicians, and other health care personnel to inform them of the procedure that will expedite the medial and insurance process.
 - **AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION:** This allows disclosure of health information that will be used only by the NCAA's Injury Surveillance System (ISS) for the purpose of conducting research on injuries resulting from training for or participation in athletics.
 - **ACKNOWLEDGMENT REGARDING SECONDARY INSURANCE INFORMATION:** Designed to help athletes better understand the filing procedures of injury insurance claims. It also explains their responsibility in this process.

MINORS: If you are not yet 18 years of age, please be sure that your parent/guardian also reads all information and includes their ***signature on the signature page.***

If you have any questions or comments, please feel free to contact the athletic training room staff at 602-639-6038. Thank you for your help and cooperation in this matter.