



Office of Sports Medicine
Department of Athletics & Recreation
Bucknell University
One Dent Drive
Lewisburg, Pennsylvania 17837
sports-medicine@bucknell.edu www.bucknellbison.com

May 25, 2017

Dear Returning Student-Athlete,

This packet presents you with the mandatory requirements that all returning student-athletes must provide the Bucknell Sports Medicine in order to be medically eligible to continue participation with your NCAA team. Step-by-step instructions are included in this packet, which has been sent to your @bucknell.edu email addresses.

In order for you to be able to start activities with your team, we need your assistance and cooperation with the below listed materials/forms. Please read the instructions carefully that are included in the rest of this packet.

1. Update & Complete all required fields within the Medical Record System (SportsWare Online).
2. Pre-Participation Physical Examination (Only required if you qualify as one of the conditions)
 - o Required if you studied abroad during the spring or summer
 - o Required if you took a year or semester off from school
3. ADHD Form (Only required if currently being prescribed medication)
 - o Must have updated signature of prescribed physician
4. 4a) Assumption of Risk & Waiver of Liability and Release
 - o 4b.) Statement of Responsibility for Sport Safety
5. Medical Insurance Responsibility Form
6. HIPAA Form
7. Risk of Concussion or Other Head Injury Acknowledgement Form
8. Medical Records of an injury and/or major illness that required seeing physician over the summer

All completed forms (with appropriate signatures) are to be uploaded as a .PDF file into your personal medical file on SportsWare Online. It is recommended that you keep the original copies of all forms. **All medical information must be submitted by July 15, 2017.** If you encounter problems, please contact me with your concerns at: sports-medicine@bucknell.edu

Sincerely,



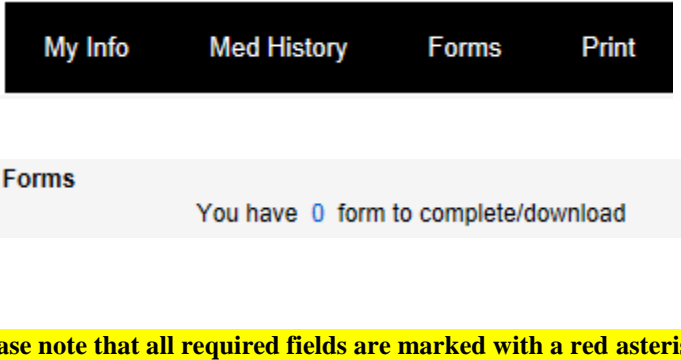
A handwritten signature in black ink that reads "Ian A. Wood".

Ian Wood, MS, ATC
Associate Athletic Director, Director of Sports Medicine

Step 1: Log in & Update your online medical information on SportsWareOnline

- a. Log in with Bucknell Email & your created password when you created your account
- b. Must fill out Current Health Insurance & Medical History Information
 - A copy of the front & back of insurance card MUST be uploaded for verification of correct health insurance information.
- c. Read over each tab and update: Contact, Emergency Contact & Medical Information as needed.
 - If you have received a new cell number please update.

Updating Your Information

Instruction	Example
Go to www.swol123.net	
Enter your Bucknell Email Address and click the Login button.	
<p>At the top of the page is the Menu Bar.</p> <p>My Info: General, Address, Emergency, Medical, Insurance- (Include uploaded copy of front & back of card).</p> <p>Med History: Complete a Medical History questionnaire. Please be specific in comment section for any questions answered “yes”. Specify exact body part (left or right), severity of injury/illness, dates of injury, etc</p> <p>Forms: Upload physical and signature forms Here. Save as: Last name_Name of form.</p> <p style="text-align: center;">**Save forms individually.**</p> <p>Print: Print My Info and Medical History data.</p>	

Step 2: Pre-Participation Physical Examination Requirement

(Appropriate Form on Page 6)

Pre-Participation Physical Examination ONLY required if you qualify as one of the following:

- a. If you were away studying abroad the previous semester (spring 2017 or Summer 2017).
- b. If you took a year or semester off from school.

NCAA 6-month rule:

Effective starting August 2007, all NCAA member institutions are required to adhere to the following:

Ruling - "17.1.5 Mandatory Medical Examination. Prior to participation in any practice, competition or out-of-season conditioning activities (or, in Division I, permissible voluntary summer conditioning in basketball and football or voluntary individual workouts pursuant to the safety exception), student-athletes who are beginning their initial season of eligibility shall be required to undergo a medical examination or evaluation administered or supervised by a physician (e.g., family physician, team physician). The examination or evaluation must be administered within six months prior to participation in any practice, competition or out-of-season conditioning activities. In following years, an updated history of the student-athlete's medical condition shall be administered by an institutional medical staff member (e.g., sports medicine staff, team physician) to determine if additional examinations (e.g., physical, cardiovascular, neurological) are required. The updated history must be administered within six months prior to the student-athlete's participation in any practice, competition or out-of-season conditioning activities for the applicable academic year." -- *Please contact your coach if you do not know your team's participation start date.*

If an athlete is not cleared or is restricted for any reason at the time of the physical examination, please include additional physician notes with diagnosis of injury/illness, any copies of particular testing (lab work, x-ray, MRI etc.) done for the injury/illness with the physical examination form. This includes, but is not limited to:

- Missing or impaired organ
- Significant injury/illness
- History of concussion diagnosed by Physician

**This must be submitted to the Bucknell Sports Medicine Department by uploading into your personal SportsWare Online account. File should be saved as: Last Name_Physical_2017

Step 3: Attention Deficit Hyperactivity Disorder (ADHD) Form

****This form is only required if you are currently being prescribed ADHD Medications.****

(Signature Form Included on Page 7)

ADHD Medications are classified as a stimulant drug and are considered as a Banned Substance by the NCAA. In order for a student-athlete that is currently prescribed ADHD medications by his/her physician to not be considered a positive NCAA drug test, the ADHD form must be submitted to the Bucknell Sports Medicine Department. If the student-athlete fails to inform the Sports Medicine Department and the student-athlete is chosen for NCAA drug testing, the student-athlete would have a positive drug test. Positive NCAA drug Tests result in a one year suspension.

Student-Athlete Document Responsibility – The student-athlete’s documentation from the prescribing physician to the athletics department/sports medicine staff should contain a minimum of the following information to help ensure that ADHD has been diagnosed and is being managed appropriately.

1. Description of the evaluation process which identifies the assessment tools and procedures.
2. Statement of the Diagnosis, including when it was confirmed.
3. History of ADHD treatment (previous/ongoing).
4. Statement that a non-banned ADHD alternative has been **considered** if a stimulant is currently prescribed.
5. Statement regarding follow-up and monitoring visits.

**This must be submitted to the Bucknell Sports Medicine Department by uploading into your personal SportsWare Online account.

File should be saved as: Last Name_ADHD_2017

Step 4: Assumption of Risk/Waiver of Liability & Statement of Shared Responsibility for Sport Safety

(Signature Form Included on Page 8 & 9)

Participation in NCAA Division I intercollegiate athletics may be inherently dangerous. Please read this form carefully. Student-athlete must print, sign & date form. If under the age of 18 parents must also sign the form. Form should be uploaded directly into SportsWare Online.

Forms should be saved as: 1.) Last Name_Assumption of Risk_2017,
2.) Last Name_Safety Responsibility_2017

Step 5: Acknowledgement of Medical Insurance Responsibility

(Signature Form Included on Page 10) (HMO Clarification Included on Page 11)

This form acknowledges the personal medical responsibilities of the student-athlete. This form must be filled out in its entirety. Please make sure to initial each statement that has been indented to acknowledge that you have read and understand each one. Please sign and date at the bottom of the page. If you are included on a parent or legal guardian’s medical insurance, it is *required* to have the signature of the Policy Holder for the primary medical insurance also sign this form. The form must be completed and submitted in order to be cleared to participate with your team. The University’s insurance carrier has also provided some advice on local insurance coverage in the HMO environment. It should be noted that Kaiser Permanente and United Health Care policies are **NOT** widely accepted in Lewisburg and surrounding areas. If you currently have one of these policies or a high deductible policy it is suggested that you consider the student health plan. *You should also coordinate a visiting patient/provider number with your insurance carrier to change the Primary Care Provider (PCP) to Dr. Catherine O’Neill in the student health center.*

Form can be uploaded to SportsWare Online account please save as: Last Name_Insurance Responsibility_2017

Step 6: HIPAA Form

(Signature Form Included on Page 12)

All athletes are required to sign a HIPAA form before being cleared to participate. Once signed, this form must be uploaded into your personal SportsWare Online account. If under the age of 18, forms must also have a parent signature. Please save the file as: Last Name_HIPAA_2017

Step 7: Risk of Concussion or Other Head Injury Acknowledgement Form

(Signature Form Included Page 13)

All Bucknell University Student-Athletes must sign a concussion acknowledgement form in order to be cleared by Sports Medicine to participate with his/her team. The athlete must print his/her name in the first line, all indented lines should be initialed, and finally the student-athlete's signature with the date. If the student-athlete is under the age of 18 it also must be signed by a parent/legal guardian. This form must be submitted by uploading into SportsWare. Please save as: Last Name_Concussion_2017

What is a concussion?

A Concussion is a brain injury that is a result from a blow to the head from a bat, ball, or stick, contact with another player, hitting a hard surface such as the ground, or floor, or a violent shaking motion such as whiplash.

A Concussion can occur in ANY sport during practice, games, or other non-sport related activities.

A concussion can change how the brain normally functions ranging from minimal to severe changes which can vary significantly between each person.

A concussion does not always result in loss of consciousness.

Student-Athletes will have additional education on concussions during the first team meeting this will include but is not limited to:

- **Baseline Impact Test**
- **How to recognize a concussion**
- **How to recognize signs & symptoms of a concussion**
- **What to do if you think you have a concussion**
- **Things to avoid if you've suffered a concussion**
- **Return to Learn after recovered from a concussion**
- **Return to play after recovered from a concussion**

Step 8: Submit Medical Records

If you are presently under the care of another physician for any medical conditions or if you have seen a doctor at home for an injury and/or major illness over the summer, you must bring the following back to campus with you:

- a. Copy of any Tests & Reports
 - Ex. MRI, X-ray, Lab work, CT Scan etc.
- b. Copy of the doctor's notes from the doctor you were seen by.
- c. A Note from Doctor with any restrictions and/or clearance for activity
- d. Any surgical notes
- e. Physical Therapy Script (If PT is needed)
- f. Plan of Care to return to play (PT Program)

****Failure to do so could delay final clearance for participation of your sport.**



Pre-Participation Physical Examination for NCAA Varsity Athletics

*Complete medical history questionnaire on www.swol123.net & print to be reviewed by physician.

Section 1 – Must be filled out by student-athlete.

Name: _____ Sport: _____
 Bucknell University Graduating Class: _____ (circle one) First Year Athlete / Returning Athlete
 Sex: Male or Female (circle one) Age: _____ Date of Birth: _____

Section 2 - Must be filled out by approved medical personnel performing physical exam.

Height _____ Weight _____ BP _____ / _____ Pulse _____

Medical Examination

	Normal	Abnormal Findings	Initials
ENT			
Cardiovascular			
Cardiopulmonary			
Lungs			
Abdomen			
Neurological			
Skin			
Genitourinary (Males Only)			
Other			

Musculoskeletal Exam

	Normal	Abnormal Findings	Initials
Scoliosis			
Neck			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Back			
Hip/Thigh			
Knee/Leg			
Ankle/Foot/Toes			
Other			

Clearance for NCAA Division I Intercollegiate Athletics Participation

- Cleared
 Cleared after completing evaluation/rehabilitation for: _____
 Not Cleared Reason: _____
 Recommendations/Referral: _____

Name of Medical Examiner: _____ Date: _____
 Address: _____ Phone: _____
 Signature _____ MD, DO, PAC, CRNP, SNP

Athlete Signature

Date

Parent Signature (under 18)

Date

Dear Provider:

Please complete the form below that **will be required annually** if your patient participates in NCAA athletics and continues to require stimulant medications for their treatment. In completing this paper work, you acknowledge that you have reviewed the patient's health history and have informed them at some time of the safety information regarding stimulant use as well as misuse guidelines. Please attach any consult letters or notes that may clarify their diagnosis and the need to use stimulant medications for treatment.

Thank you for taking the time to do this. We greatly appreciate your assistance as we all try to comply with NCAA requirements!

Medical Exception ADHD / ADD

Date ____ / ____ / ____

Patient Name _____ Date of Birth ____ / ____ / ____

Your patient is a student athlete (SA) participating in intercollegiate athletics. The NCAA bans the use of some stimulant medications and requires that the following documentation be submitted to support a request for a medical exception in the case of a positive drug test for such use. For additional information, please visit the NCAA Health & Safety website <http://www.ncaa.org/wps/ncaa?ContentID=481>

Date of Clinical Evaluation: ____ / ____ / ____

Required ADHD evaluation components Comments:

Comprehensive clinical evaluation (using DSM-IV criteria) _____

Adult ADHD Rating Scale (e.g., Adult ADHD self-report scale (ASRS), CONNER's Adult ADHD reporting scale (CAARS)

Score: _____

Monitored blood pressure and pulse _____

Alternative non-banned medications have been considered _____

****please submit copies of test results for the SA's medical record & NCAA purposes****

Additional ADHD evaluation components

Reporting of ADHD symptoms by other significant individual(s); _____

Other Psychological testing; _____

Physical exam date: ____ / ____ / ____ Results: _____

Laboratory/testing; _____

Previous documentation of ADHD diagnosis: _____

Other/Comments: _____

Diagnosis: _____

Medication(s) and Dosage: _____

The student-athlete will follow-up with me in (circle one) 3 months, 6 months, 12 months, other _____

Physician Name (Printed): _____ Date: ____ / ____ / ____

Physician Signature: _____ Specialty: _____ (M.D. or D.O.)

Office Address: _____ Contact #: _____

Please feel free to attach any clinical SOAP notes that may help clarify your patient/our athlete's diagnosis of ADHD/ADD and the need for stimulant medications. THANK YOU FOR YOUR TIME!

Student Athletes: Please complete the following;

I, _____, give _____ permission to release all information regarding my treatment for ADHD to the Bucknell University Athletic Department, and the National Collegiate Athletic Association. This authorization will be valid for one calendar year beginning on the date I sign this authorization. I may revoke this authorization at any time by submitting a letter in writing to the Director of Athletic Medicine or another member of the University Health Services, understanding that all information released prior to my revocation is excluded.

My signature below indicates that I have read and understand the above statement.

Signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____ (if under 18 years)

BUCKNELL UNIVERSITY

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE

Name: _____

Sport: _____

I wish to participate in the above sport ("Sport"). For purposes of this document, "participation" or "participate" includes try-outs, practices, competitions, and any other activities in any way associated with the Sport or intercollegiate athletics. In consideration of Bucknell University permitting my participation, I acknowledge and agree as follows:

1. My participation in the sport is purely voluntary.
2. I am aware that participating in the Sport can be dangerous and involves significant risks, including, but not limited to: serious head, neck or spinal injuries which may result in complete or partial paralysis or brain damage; serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of my body; serious injury to or diminution of my general health and well-being; and death.
3. I understand and freely assume all risks in any way related to my participation in the Sport.
4. I understand that it is my responsibility to exercise appropriate care with regard to myself and my equipment.
5. To the greatest extent allowed by law, on behalf of myself and my heirs, executors, estate and family, I release, covenant not to sue, and forever discharge Bucknell University, including their trustees, officers, employees and agents ("Released Parties"), of and from any and all liabilities, claims, causes of action, damages, costs, attorneys' fees and expenses of any kind ("Losses") arising out of or related to my participation in the Sport or any activities related to the intercollegiate athletics program, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such Losses.

I have had sufficient time to review and seek explanation of the provisions contained above. I have carefully read this document, understand it fully, and agree to be bound by its terms. This Assumption of Risk, Waiver of Liability and Release agreement shall bind my heirs, estate, executor, administrator, assigns and all members of my family.

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CLAIMS AND LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.

Print Name

Signature

Date

If under age 18:

Parent/Guardian Printed Name

Signature

Relationship

Date



STATEMENT OF RESPONSIBILITY FOR SPORT SAFETY

2017-2018

Student-Athlete Name: _____

Sport: _____

I wish to participate in the above sport (“Sport”). For purposes of this document, “participation” or “participate” includes try-outs, practices, competitions, and any other activities in any way associated with the Sport or intercollegiate athletics. In consideration of Bucknell University permitting my participation, I acknowledge and agree as follows:

1. I recognize the importance of following the coach’s instructions regarding playing techniques, training rules, and other team rules, and agree to obey such instructions.
2. I agree to inspect all safety equipment and report any faulty or poor-fitting equipment immediately to the coach, equipment manager, or Certified Athletic Trainer. I understand that I am responsible for taking care of myself and my equipment. In addition, I agree to use equipment only in the manner in which it is intended to be used.
3. I understand that **ALL** injuries must immediately be reported to a member of the Bucknell University Sports Medicine Staff, specifically a Certified Athletic Trainer and agree to do so accurately and completely. I understand that the Certified Athletic Trainer will make a decision as to whether a physician referral is needed. I also understand that I will be required to obtain the clearance of the team physician, if seen by an outside physician, before being permitted to participate in the Sport following an injury. I further understand that irrespective of the clearance of the team physician, I may be at greater risk of suffering injury, illness or death as a result of my participation following an injury. In order to discuss specific additional risks associated with my participation in the Sport, I will consult with my personal physician or a specialist, in addition to the team physician.
4. I understand and agree that I **MUST** provide proof of comprehensive medical insurance in order to be allowed to participate in any intercollegiate athletics at Bucknell University, including the above Sport. It is my responsibility to confirm in-network medical coverage within the Geisinger Health Systems and the associated facilities by which our team physicians are employed. I understand that if I am injured and my medical insurance does not cover associated costs and expenses, I am responsible for **ALL** medical bills including, but not limited to, doctors’ visits, diagnostic images, lab work, surgeries, etc. These expenses are solely my responsibility and are not in any way the responsibility of Bucknell University or its trustees, officers, employees or agents. I further understand that I have the opportunity to purchase personal medical insurance offered to all Bucknell University students. I understand that if I fail to do so, I am putting myself at risk of having to go home for in-network medical coverage, which may delay my return to participation.

I have had sufficient time to review and seek explanation of the provisions contained above. I have carefully read this document, understand it fully, and agree to be bound by its terms. This Statement of Responsibilities for Sport Safety agreement shall bind my heirs, estate, executor, administrator, assigns and all members of my family.

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CLAIMS AND LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.

Student-Athlete’s Printed Name

Student-Athlete’s Signature

Date

Parent/Guardian’s Printed Name (if under 18)

Parent/Guardian’s Signature

Date

Bucknell University
Acknowledgement of Medical Insurance Responsibilities

Bucknell University requires that all varsity student-athletes maintain a comprehensive medical insurance plan with hospital, professional and extended benefits as their primary insurance. Any personal plan should provide full, In-Network coverage within the extended Lewisburg/Danville geographic area for intercollegiate sports-related injury or illness.

Every year, Bucknell Athletics requires the varsity student-athlete and his/her parent or guardian to:

1. Complete this Acknowledgement of Medical Insurance Responsibilities;
2. Provide a copy of the front and back of the athlete’s valid medical insurance card via SportsWare Medical Files; and,
3. Immediately report discontinued or any change to athlete’s medical insurance coverage to his/her athletic trainer.

How does the Bucknell Athletics Medical Insurance Program Work? The varsity student-athlete has three sources of medical insurance for athletically-related injuries – primary, secondary and catastrophic.

Primary source of insurance is the athlete’s own comprehensive medical insurance plan.

Secondary source of insurance is provided under Bucknell Athletics’ Excess Accident Insurance Plan. Before this plan will activate, the athlete must satisfy a \$1,000 deductible with out of pocket medical expenses and/or insured expenses that are covered under the athlete’s comprehensive medical insurance plan. Once the deductible is satisfied, the Excess plan will coordinate benefits and pay covered expenses only when they are in excess of benefits paid by the athlete’s comprehensive medical insurance plan, subject to the limits and exclusions of the plan. Maximum benefit is \$90,000 per covered injury. Any questions related to the Athletic Excess Accident Insurance plan should be directed to Ms. Mandy Olley – 570-577-1159 or ajo004@bucknell.edu

Catastrophic source is provided by the NCAA Catastrophic Injury Insurance Program for injuries exceeding the \$90,000 deductible. Specific coverage is subject to the limits and exclusions of the program. Details can be found online at www.NCAA.org

By initialing and signing below, I acknowledge that Bucknell University has provided me with specific informational material regarding my medical insurance responsibilities related to intercollegiate athletic injuries.

I _____ understand that: (Please Initial Each Line)
(Print First & Last Name)

- _____ It is my responsibility to check with my primary insurance to determine if the insurance coverage meets the In-Network threshold for the facilities that the Bucknell Sports Medicine Team utilizes.
- _____ If my personal medical insurance plan is out-of-network for the Lewisburg/Danville area, I have the option to purchase a student-specific, In-Network medical insurance plan made available to all Bucknell students. In the event I do not have In-Network insurance coverage, there is a possibility that I may need to go home to seek In-Network coverage for the injury, which may delay my return-to-play.
- _____ If injured while participating in Bucknell Athletics, I must report all injuries immediately to the athletic trainer who will examine the injury and refer me, if necessary, to the Team Physician.
- _____ All second opinions must be authorized by Bucknell Medical Staff to be considered for secondary/excess policy coverage.
- _____ If I am injured while participating in Bucknell Athletics and choose to go to a physician other than the team physician, **I am responsible for the entirety of the charges.** I must be evaluated upon return by a Bucknell team physician before being cleared to return to team activities. I must have all doctors’ visit/progression of injury notes, images, reports and clearance note with my personal physician’s signature before the team physician will evaluate me for returning to athletic activity with the team..
- _____ All medical expenses associated with an athletic injury will be processed through my primary medical insurance before the option of excess or catastrophic policy coverage is applicable.
- _____ The athletic excess policy only covers charges related to procedures that have been approved by the Athletic Department/Bucknell Medical Staff for reported athletically-related injuries.
- _____ I am responsible for carrying my insurance card or copy of insurance information with me at all times.

Student-Athlete Printed Name Signature Date

Policy Holder Printed Name (If not student-athlete) Signature Relationship Date

Upload appropriate forms to: www.swol123net Personal Account



Health Insurance Coverage for Students Away From Home

Dear Parents, Guardians and/or Student-Athletes,

Many of you are keenly aware the health insurance landscape in the United States has drastically changed over the past few years. Our student-athletes and parents have been impacted by these changes. Bucknell Athletics continues to investigate ways to assist you in minimizing the impact of these changes to your family’s financial obligations. While our athletic department provides excess accident insurance for athletic injuries, some general medical issues are not covered by this program. Our research suggests that an increasing percentage of student-athletes enrolled at Bucknell University come to school enrolled in an HMO or other similar health insurance plans requiring the use of an In-Network provider close to your home. When students enrolled in these plans require medical care away from your home network, these types of plans often place more financial obligation on the student and family for these medical services.

We would like to make you aware of a potential solution to this issue. More and more health insurance companies now have a program that allows you to notify them when your student is away from home in order to obtain In-Network benefits for medical services in the Lewisburg/Danville area. These programs are often referred to as “Guest Memberships” or “Away from Home Care” depending on the insurance company. Guest memberships are particularly well suited for college students because your student-athlete would receive the benefits and coverage of the local HMO plan affiliated with your home plan without the hassle of filing claim forms or having to obtain prior authorizations from your family doctor miles away at home. We have found there is usually no additional charge for this type of program.

As members of HMO-type plans, your student is almost always covered for the treatment of emergency medical conditions no matter where they are; however, unless you enroll in one of these guest programs, care for non-emergency medical conditions may not be covered or covered with much greater expense to you. The Guest Membership will also facilitate the insurance process for the insurance Bucknell Athletics has in place to pay excess expenses for injuries while participating in intercollegiate athletics. The Guest Membership status will allow us to obtain authorization from these plans prior to ordering tests or seeing doctors for the injury.

If the incoming student is currently enrolled in an HMO or other similar health insurance plan requiring the use of a network of providers close to your home, we encourage you to contact your insurance company by calling the customer service number on your insurance card to inquire about Guest Memberships or a similar program for students living away from home to attend college. Should the need arise for your student to obtain medical services while at Bucknell, you will have already facilitated the administrative process while saving yourself valuable time and money so that you can focus on your student-athlete’s medical needs. Finally, when you obtain Guest Membership, you may be required to designate a separate primary care provider (PCP) for your student while at school. Please consider naming Bucknell University Team Physicians and/or Bucknell’s Director of Student Health as your student’s PCP, along with ensuring the local hospitals and Team Physicians will be included as In-Network:

Bucknell Student Health

Dr. Catherine O’Neil
NPI#1083863187
Bucknell Student Health
One Dent Drive
Lewisburg, PA 17837

Team Physicians

Drs. Feldmann, McElroy, Roza & Feltham
NPI#1043449721
Geisinger Sports Medicine
100 North Academy Avenue
Danville, PA 17822

Hospitals

Evangelical Community Hospital
Lewisburg, PA 17837

Geisinger Medical Center
Danville, PA 17822

In the event a Guest Membership is not available as part of a student-athlete’s home coverage, a customized, In-Network student insurance plan is available for purchase through Consolidated Health Plan (CHP), in conjunction with RCM&D and Bucknell. For more information on this offering, please visit www.consolidatedhealthplan.com and select Bucknell University from the drop-down menu of schools. Please let our sports medicine staff know if you have any questions

Sincerely,



BUCKNELL UNIVERSITY DEPARTMENT OF ATHLETICS



Student-Athlete Authorization /Consent for Disclosure of Protected Health Information to Bucknell University 2017-2018

I, _____, hereby authorize the disclosure and/or use of my protected health
(Name of Student-Athlete)

information and any related information regarding any injury or illness that arises during my training for and participation in intercollegiate athletics to Bucknell University and its physicians, athletic trainers, health care personnel, employees, agents, and business associates (hereinafter "Bucknell") for purposes, including, but not limited to:

- My treatment including the provision, coordination, or management of health-care and related services to me by one or more health-care providers.
- Payment activities related to my injury or illness, for Bucknell as well as other health-care providers and health plans.
- Health-care operation purposes as well as certain health-care operation purposes of other health-care providers and health plans.
- To disclose my protected health information to someone involved in my care or payment for my care such as a spouse, a family member, or close friend.
- The National Collegiate Athletic Association, its designated employees, agents and/or contractors, which may use such information for the purpose of using injury, relevant illness and participation information, as de-identified, for the purpose of evaluating the effectiveness of health and safety rules and policy and to study other sports medicine questions. Such disclosures and data will be stored securely within industry standards.
- To notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for my care, regarding my location, general condition, or death.
- When required by federal, state, or local law.
- For judicial and administrative proceedings.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that Bucknell will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for in this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Student-Athlete's Printed Name

Student-Athlete's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Risk of Concussion or Other Head Injury Acknowledgement

I, _____, acknowledge that I have to be an active participant in my own healthcare. As such, I
(Print First & Last Name)
have the direct responsibility for reporting all of my injuries and illnesses to the Sports Medicine Staff of Bucknell University (certified athletic trainer, team physician, etc.). I recognize that the appropriateness of diagnosis, treatment, return-to-play and other decisions are dependent upon me providing an accurate medical history, including fully disclosing all symptoms and complaints regarding both previous and current injuries, disabilities, and medical concerns. I hereby affirm that I have fully disclosed in writing all prior medical conditions and injuries. I further understand that I am responsible for disclosing all future medical conditions and injuries to the Bucknell University Sports Medicine Staff.

I am aware that participation in my sport carries a risk of injury to me, including death. For example, head injuries and concussions may occur. I freely assume all risks related to my participation.

By initialing and signing below, I acknowledge that Bucknell University has provided me with specific educational material on head injuries and concussions. I understand the importance of immediately reporting symptoms of a head injury or concussion to the Bucknell University Sports Medicine Staff.

I, _____ understand that:
(Print First & Last Name)

(INITIAL EACH LINE)

- _____ A concussion is a brain injury. I am responsible for immediately self- reporting signs and symptoms of a concussion to the Bucknell Sports Medicine Staff.
- _____ Participating in intercollegiate athletics may result in a concussion or other head injury.
- _____ I have received information concerning the signs and symptoms of a concussion, and I understand those signs and symptoms.
- _____ Helmets, face shields, mouth guards, and other protective equipment do not eliminate the risk of concussions.
- _____ I understand that purposeful head contact in any sport is prohibited.
- _____ A concussion can affect my ability to perform everyday activities including, but not limited to, reaction time, balance, sleep, and studying.
- _____ A concussion is not visible but is recognized by symptoms such as headache, dizziness, loss of consciousness, amnesia, vision problems, nausea, sensitivity to light, feeling sluggish, foggy or groggy, irritability, slow reaction time and concentration or memory problems.
- _____ Additional symptoms of a concussion may arise hours or days after the initial injury.
- _____ Returning to practice/games prior to being symptom free may result in a return of symptoms, a repeated concussion, or a more serious injury including death.
- _____ Repeated concussions may lead to permanent brain damage, psychological disorders or even death.
- _____ If I suspect a teammate has a concussion or other head injury, I am responsible for reporting the injury to the Bucknell Sports Medicine Staff.
- _____ Clearance for return to play after a head injury or concussion will be determined by the Bucknell Sports Medicine Staff and Team Physician.
- _____ Bucknell has the authority to permanently remove me from participation in athletic activities if it is determined to be appropriate to protect my safety and well-being.

Student Athlete's Name (Print) _____ Sport: _____

Student Athlete's Signature _____ Date _____

Parent/Guardian Signature _____ Relationship _____ Date _____
(If under age 18)