

# SOLANO COMMUNITY COLLEGE

## EXPLANATION OF PHYSICAL SCREENING, TREATMENT CONSENT,

### HIPPA GUIDELINES AND INSURANCE COVERAGE FORM

Please read the following information carefully. Print clearly and answer the questions completely. If you have any questions or do not understand this information, ask the Sports Medicine Staff before signing.

### EXPLANATION OF PHYSICAL SCREENING

I realize that Sports Physical examinations is only a screening exam to evaluate general health, to disclose existing defect, and to determine the athlete's ability to participate in a given sport, so that obvious conditions which might be aggravated by competitive athletics, can be determined and evaluated to prevent injury.

### TREATMENT CONSENT

I give permission to the Solano College Sports Medicine staff, to treat me. This permission includes emergency surgery and admission to a hospital , as deemed necessary, in addition to medications, injections, and physical therapy used as part of the treatment.

### STATEMENT OF ATHLETIC INJURY INSURANCE COVERAGE

I understand **any cost** for medical expenses as a result of accidental injury while participating in a scheduled intercollegiate activity **will not** be paid under the accident insurance policy carried by Solano College until **all payments under any existing policy covering said expenses are exhausted**. If no existing policy is in effect, payment will be made according to the schedule of benefits of Solano College athletic accident policy. I further understand that **failure to report injuries** to Solano College Sports Medicine personnel or failure to follow protocol set by Solano Sports Medicine may **VOID** Solano College's responsibility.

I authorize any hospital, trust fund, employer, insurance company, dependent, or person attending to me, to disclose medical records when requested to do so by Solano College's insurance carrier or team physicians. These medical records include, but are not limited to medical histories, consultations, prescriptions, treatment records, clinical notes, surgery reports, and hospital records.

I allow Solano College Sports Medicine staff to brief coaches, parents, administration, and media regarding injuries that occur while playing intercollegiate athletics at Solano College.

I have read the statements above and fully understand their meaning . **Sign only once.**

\_\_\_\_\_  
1<sup>st</sup> Year Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup>/3<sup>rd</sup> Year Athletes Signature

\_\_\_\_\_  
Date