

BROWNFIELD I.S.D.

GENERAL INFORMATION PAGE 2018-2019

Athlete: _____

GRADE NOW: _____

Date of Birth: _____

GRADE NEXT YEAR: _____

Address _____

Student cell phone: _____

Mother: _____ Phone: wk _____ /cell _____

Father: _____ Phone: wk _____ /cell _____

Parent e-mail: _____

INSURANCE EXPLANATION

1. When an athletic injury occurs that warrants a physician's attention, the school will make arrangements to submit an insurance form.
2. After reading, verifying, and/or completing the form, they should sign and date.
3. The insurance form should be submitted to the *Physician* to be filed.
4. Any bills, forms, receipts, and the insurance form should be duplicated and retained for your records.
5. Upon completion of the above, a copy should be submitted to the school to assist in the filing.
6. Note: **THE SCHOOL'S ATHLETIC INSURANCE IS SECONDARY. YOU MUST FIRST FILE ALL BILLS WITH YOUR PRIMARY HEALTH AND ACCIDENT INSURANCE. NOT ALL CHARGES ARE ALLOWABLE ON THIS INSURANCE: THEREFORE, IT IS ADVISABLE TO HAVE OTHER INSURANCE COVERAGE ON YOUR CHILD.**
7. After receiving a notice of payment, denials, or any correspondences, forward this along with the itemized bills to the schools insurance.
8. All injuries must be treated within 30 days from the injury date.
9. The claim form must be furnished to the insurance company within 90 days of the injury date.

PLEASE NOTE: The school does not receive nor is in any way responsible for late, overdue, delinquent, or bills exceeding and not covered by the schools insurance coverage. The parent, athlete, or guardians are responsible for any and all bills incurred as a result of an accident, illness, or injury to their child.

Warning: It is understood that even though protective equipment is worn by the athlete, the possibility that a catastrophic injury may occur while the athlete practices, travels, and competes in a sport remains, and this injury could be severe and disabling, including brain, or neck injury, paralysis, or death. Neither the University Interscholastic League nor brownfield Independent School District assumes responsibility in case an accident occurs.

Parent's signature: _____ Date: _____

Athlete's signature: _____ Date: _____