Sports Medicine Paperwork Information for New Student-Athletes

Dear Binghamton University Student-Athlete & Parent(s)/Guardians:

Welcome to Binghamton University and participation in Bearcat Athletics. It is our goal to provide our student-athletes with the best possible athletic health care. To achieve this, we will need your assistance in a variety of matters. Each student-athlete will be required to have a completed Medical History Questionnaire (enclosed) on file before being allowed to participate in any activity. Once you are on campus, a physical examination will be scheduled through the Department of Sports Medicine. Clearance must be granted by the Binghamton University Team Physician before you can participate in athletics.

In addition to the Medical History Questionnaire, there are a variety of medical, insurance, and policy forms that must be carefully read, completed accurately and signed where indicated. These forms are all included in this mailing and listed below. This information will be used by the Sports Medicine Department and our health care providers to bill for services when necessary and to contact individuals in the event of an emergency. We also require you to include a copy of any insurance identification and/or prescription cards that you may have. All of the following paperwork must be completed and on file before being allowed to participate in any athletic activity:

- "Student-Athlete Medical History Questionnaire"
- "Health Insurance Information/Authorization" Form
- "Assumption of Risk and Injury, Illness, and Medical Procedures" Form
- "Consent to Participate in Substance Abuse Screening" & "Student-Athlete Authorization/Consent for Disclosure of Protected Health Information" Form
- "Sickle Cell Testing and Waiver" Form
- "Under 18 Medical Waiver" Form (If applicable)
- Completion of Impact Test

Please complete and return the enclosed forms, including all signatures, along with a copy of any insurance cards to the following address by ____________:

Department of Sports Medicine
Binghamton University
Events Center
PO Box 6000
Binghamton, NY 13902

Also included in this packet is a copy of the Binghamton University Department of Sports Medicine’s “Injury, Illness, and Medical Procedures,” a copy of the BU Department of Athletics Drug Testing Policy, and information regarding concussions / sickle cell trait. Please review all policies closely and keep them for your records.

Should you have any questions regarding this matter, please feel free to contact the Sports Medicine Department regarding your concerns at 607-777-5571. Thank you in advance for your prompt attention to the enclosed material. Have a great and healthy summer and we look forward to your arrival in August.

Sincerely,

The Department of Sports Medicine
Binghamton University
I. **Intercollegiate Athletic Medical Eligibility**

A. All physical examinations for new student-athletes will be scheduled through the athletic training staff. Head coaches will provide a current roster of all new and returning student-athletes to the Sports Medicine Department in the summer. New Student-Athletes must accurately complete all medical forms before the examination will be scheduled. Returning student-athletes are required to complete a medical update form before being allowed to participate. These forms will be sent to the student-athlete’s summer addresses.

B. All team candidates must pass a physical examination given by the Binghamton University Team Physician or his/her designee before the candidate is permitted to participate in all athletic activity. All team candidates may lose their clearance status if the following are not completed:
   1. Student-Athletes are allowed two weeks from the date of their physical examination to provide any additional medical information requested by the Team Physician.
   2. Any student-athlete under the age of 18 must provide a release form signed by his/her parent or guardian within two weeks from the physical examination in order for the Binghamton University Sports Medicine Department (BUSM) to render medical care and services to the student-athlete.
   3. All team candidates must provide BUSM with requested insurance information. All walk-on team candidates are required to have private health insurance before receiving a physical exam.
   4. Student-Athletes and parents/guardians must sign Assumption of Risk and Release of Medical Information forms provided.

C. The physical examination is effective for the duration of the student-athlete’s athletic career except as indicated in “D” below.

D. The Team Physician and/or Director of Sports Medicine may re-examine any student-athlete and change the student-athlete’s status at any time should the situation warrant.

E. A complete medical history must be provided to the athletic trainer and Team Physician before the physical exam. The following conditions must be reported:
   1. Injuries to the head, neck, back, upper extremity, lower extremity and internal organs.
   2. Fractures, dislocations, strains, sprains, and muscle tendon tears.
   3. Any serious illnesses.
   4. Allergies, asthma, diabetes, or epilepsy.
   5. Previous counseling of alcohol/substance abuse.
   6. Previous surgeries.
   7. Cardiopulmonary problems.
   9. Pregnancy
   10. Mental/nervous disorders including eating disorders.
   11. Loss of a paired organ.

F. Candidates with special conditions may be referred to specialists for examination and recommendation.

G. Failure to report special conditions listed above will release Binghamton University from any liability in the event of another injury caused by or related to the unreported condition. Binghamton University will not be held financially responsible for any tests (x-rays included) or referral to specialists to complete a student-athlete’s physical examination. Any tests or referrals are the responsibility of the student-athlete and his/her family insurance.

H. Loss of one of the paired organs (e.g. kidney, eye) or any other condition that is determined by the Team Physician to be detrimental to the student-athlete’s health and well-being may disqualify a candidate from participation in intercollegiate athletics.

I. Female Student-athletes who become pregnant must notify the Sports Medicine Department at the earliest known date. Continued participation will be determined by the consent of the student-athlete's OBGYN and the BU Team Physician. Athletic scholarship for the current academic year will not be revoked due to the pregnancy. Consideration of future athletic scholarship will be at the discretion of the head coach. Please see the Director of Sports Medicine for further policy information.
II. Medical Treatment

A. The student-athlete must report all injuries or illnesses occurring as a result of practice or competition to an athletic trainer within three days from the occurrence. Binghamton University will not be responsible for payment of charges resulting from injuries/illnesses not reported within this designated time frame.

B. The athletic trainer will screen signs and symptoms and provide care; and refer the student-athlete to a physician as necessary.

C. In case of an emergency or medical problem outside of the training room hours, contact your athletic trainer for assistance or advice immediately. Contacting your coach for help in reaching an athletic trainer or obtaining proper assistance may be advisable. If unable to contact your athletic trainer, contact the Binghamton University Health Services for assistance. If there is a true emergency or life-threatening situation, contact local emergency by dialing 911. These problems should be immediately referred to the local hospital.

D. Treatments will be given under the direction of the Team Physician and under the supervision of an athletic trainer.

E. Binghamton University Health Services has the responsibility for health and welfare of the general student population. The Sports Medicine Department works in a cooperative effort with Health Services to assist with the needs of BU intercollegiate student-athletes.

F. NCAA Rules restricts the Binghamton University Sports Medicine Department to care for only those injuries sustained while participating or playing in your selected intercollegiate sport. BUSM is not permitted to provide outside medical treatment for non-athletically related injuries or illnesses.

G. All treatments and doctor’s appointments will be handled under the direction of the Sports Medicine Department. Only the Team Physician and/or the Director of Sports Medicine may refer a student-athlete for outside treatment.

H. Student-athletes may choose to seek outside treatment or referrals on their own. If this is the case, all costs are the sole responsibility of the student-athlete and their parents/guardians. Binghamton University will not be held responsible. The Sports Medicine staff must be informed of all referrals and/or second opinions. Payment of medical bills must be pre-approved by the Director of Sports Medicine.

III. Athletic Training Room Policies are as Follows:

1. The Sports Medicine Staff is here to provide quality care for our student-athletes. **Proper conduct is expected.**
2. The athletic training room is a co-educational facility. All student-athletes are required to wear shorts and a t-shirt.
3. Report all injuries and illnesses to an Athletic Trainer.
4. All treatments must be administered by or under the supervision of an athletic trainer.
5. It is recommended that all injured student-athletes report for morning and afternoon treatments as directed.
6. Be on time for all treatments. Being late for treatment or a doctor’s appointment is unacceptable. Failure to keep appointments will be interpreted as indifference and lack of desire to return quickly to full activity. Reports of tardiness and such indifference will be reported to your head coach.
7. All equipment will be turned on and off by the Sports Medicine staff. NO ONE is to self-administer treatment. All equipment and supplies must remain in the athletic training room unless expressly permitted otherwise by an athletic trainer.
8. Records of treatment attendance are open to all coaches for review.
9. Student-Athletes may not eat or drink in the training room.
10. Coats, uniforms, bags, etc. are to be placed in the storage areas provided just inside the entrance to the training room.
11. The athletic training room is a medical facility. Please help us in keeping our facility clean. All student-athletes must shower after practice/workouts before receiving treatment. Do not report for treatment in dirty/sweaty practice/game gear. Also, please keep shoes off treatment tables.
12. Please do not use rehabilitation equipment (treadmill, elliptical trainer, etc.) without permission of an athletic trainer. This equipment is intended for rehab purposes and not for general conditioning.
13. The athletic training room is not a student-lounge. Please do not loiter while waiting for friends and teammates to finish their rehab/treatment.
14. When reporting for treatment and rehab, please sign in at the front desk.
Dietary Supplement Information
A list of banned-drug classes is provided and updated by the NCAA. This list is subject to change by the NCAA Executive Committee. Contact NCAA education services or www.ncaa.org/sports_sciences/drugtesting for the current list of banned-drug classes. For further information, student-athletes should contact the BU Sports Medicine and/or Strength and Conditioning Departments.

The following information is provided by the NCAA:
Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete’s own risk.

Jewelry Policy
NCAA rules prohibit student-athletes from wearing any visible jewelry for all practices and competition. This includes but is not limited to: earrings, necklaces, watches, finger and toe rings, and navel, nose, eyebrow, and tongue piercings. The use of jewelry during athletic participation can result in serious injury to you, your teammates, and/or your opponents.

Binghamton University Sports Medicine Department Staff Directory

Chris Downey, MS, ATC
Director of Sports Medicine
cdowney@binghamton.edu
Office .......................................................... 607-777-7011
Cell .......................................................... 607-759-4199

Noel Zeh, MS, ATC, CSCS
Associate Athletic Trainer
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Cell .......................................................... 607-821-9831

Will Dunn, MA, ATC
Assistant Athletic Trainer
wpdunn@binghamton.edu
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Cell .......................................................... 315-427-1368

Marleen Clark
Sports Medicine Program Assistant / Insurance Coordinator
mclark@binghamton.edu
Office .......................................................... 607-777-5571

Sports Medicine Fax .......................................................... 607-777-5577
# Health Insurance Information/Authorization

**Student-Athlete’s Name** _____________________ **Social Security #** _____________________

**Gender:**  
- O Male  
- O Female  
- O MTF  
- O FTM  
- O Non-binary  

**Date of Birth** _____________________

**Class Level:**  
- FR  
- SO  
- JR  
- SR  
- 5TH  
- B# _______________  

**Sport** _____________________

**Home Address** ______________________________________ **City** ______________________ **State** _______________

**Zip Code** _______________ **Country** ___________________ **Home Phone #** _____________________

**School / Campus** ______________________________________ **Cell Phone #** _____________________

**Address** ______________________________________ **Email Address:** ______________________

(If known)

**Emergency Contact** _______________________________ **Relationship** _____________________

**Home Phone Number** ______________________________  **Work Phone Number** _____________________

**Medications Currently Taking**

**Allergies (medications, food, etc.)/Asthma?**

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<th><strong>Father’s/ Guardian’s Information</strong></th>
<th><strong>Mother’s/ Guardian’s Information</strong></th>
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<tr>
<th><strong>Primary Insurance Information</strong></th>
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| **Policyholder:**  
- O Father  
- O Mother  
- O Student-athlete  | **Policyholder:**  
- O Father  
- O Mother  
- O Student-athlete  |
| **Insurance Company**             | **Insurance Company**             |
| **Policy/ID #**                    | **Policy/ID #**                    |
| **Group #**                        | **Group #**                        |
| **Insurance Co. Address**          | **Insurance Co. Address**          |
| **Insurance Co. Phone #**          | **Insurance Co. Phone #**          |
| **Type of Insurance:**  
- O HMO  
- O PPO  
- O Indemnity  
- O Other ___________________| **Type of Insurance:**  
- O HMO  
- O PPO  
- O Indemnity  
- O Other ___________________ |
| **Primary Care Physician**         | **Primary Care Physician**         |
| **Physician Phone #**              | **Physician Phone #**              |
| **Is preauthorization required for medical/diagnostic services?**  
- O YES  
- O NO  | **Is preauthorization required for medical/diagnostic services?**  
- O YES  
- O NO  |
| **Is your son/daughter covered under this policy?**  
- O YES  
- O NO | **Is your son/daughter covered under this policy?**  
- O YES  
- O NO |

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**PLEASE READ AND SIGN OTHER SIDE!**
PLEASE READ CAREFULLY!!

- Binghamton University Athletic Department's excess athletic insurance policy provides medical insurance coverage for student-athletes with injuries occurring only when participating in the play or practice of intercollegiate athletics. BU's athletic policy is considered “EXCESS” or “SECONDARY” to any other collectible group insurance benefits. Therefore, all claims must first be filed with the student-athletes/parents personal health insurance company. Only after all available benefits have been exhausted will the University's insurance carrier consider payment for any remaining balances.

- I hereby authorize BU's Department of Sports Medicine, Team Physicians, and/or attending medical providers to furnish information to insurance carriers concerning any illness, injury, & treatments.

- Our policy benefit is limited to charges that are reasonable and customary.

- I agree to supply any & all information requested by my primary insurance, Binghamton University and/or their excess insurance company in a timely manner.

- I hereby authorize BU Sports Medicine Department and/or my coach to hospitalize & secure treatment for me for any athletic injury/illness.

- A photostatic copy of this authorization shall be deemed as effective & valid as the original.

- I agree to notify the BU Sports Medicine Department immediately upon any change in the above health insurance information. If I fail to do so, I fully understand that I will be responsible for any & all charges incurred.

- I hereby certify that I have read & understand the above statements, that any & all questions have been answered to my satisfaction, & that the answers provided are true, complete, & correct to the best of my knowledge.

Policy Holder's Signature __________________________ Date ______________________

Student-Athlete’s Signature __________________________ Date ______________________

Please remember to attach a copy of your insurance card!!!
Last Name: ___________________________ First Name: ___________________________

Sport: ___________________________ Year: FR SO JR SR 5th

Date of Birth ___________ Male ___ Female ___ MTF___ FTM___ Non-Binary___

Cell Phone #: ___________________________

I. SPECIFIC MEDICAL QUESTIONS

1. Have you ever had any SURGERY? [YES] [NO]
   Date _________________ Injury/Illness ________________________
   Date _________________ Injury/Illness ________________________

2. Have you ever been hospitalized? [YES] [NO]
   If YES, please explain _______________________________________

3. Are you presently taking any prescribed medication(s) (including birth control, inhalers, ADHD medication, etc.)? [YES] [NO]
   If YES, please indicate name of drug, reason, and usual dosage:
   ___________________________________________________________________
   ___________________________________________________________________

4. Do you have an absence or loss of function of any of the following organs? [YES] [NO]
   Eyes_________ Internal organs (lungs, kidneys, etc.) __________
   Hearing _________ Genital organs __________ Other __________

5. Immunizations:
   Tetanus: Date of Booster __________
   MMR (measles, mumps, rubella): Date of last booster __________

II. ALLERGIES

1. Are you allergic to any medications? [YES] [NO]
   If YES, please list: __________________________________________

2. Are you allergic to any insect bites? [YES] [NO]
   If YES, specify insect(s) & reaction: ____________________________

3. Do you have any other allergies (i.e. food allergy, hay fever, etc.)? [YES] [NO]
   If YES, please specify: __________________________________________
III. DISEASES AND ILLNESS

1. Have you suffered from, or have been told (by a physician or parent) you have had:

   - Diabetes   YES  NO
   - Epilepsy   YES  NO
   - Hepatitis  YES  NO
   - Marfan's Syndrome YES  NO
   - Measles    YES  NO
   - Mononucleosis YES  NO
   - Mumps      YES  NO
   - Tuberculosis YES  NO
   - Cancer     YES  NO

   If YES to any of the above, please give details and dates:
   ____________________________________________________________________
   ____________________________________________________________________
   _________________________________________________________________

2. Do you have any type of blood disorder (hemophilia, anemia, sickle cell trait, etc.) YES  NO

   If YES, give details: _______________________________________________

IV. CARDIOPULMONARY

1. Do you have asthma or ever been treated for an asthma attack? YES  NO

   If YES, do you carry and/or use an inhaler when you participate in athletics? YES  NO

   If YES, give name of inhaler: ______________________________

2. Have you ever:

   A. Experience chest pain or discomfort with exercise YES  NO
   B. Passed out or nearly passed out? YES  NO
   C. Had excessive shortness of breath or fatigue with exercise? YES  NO
   D. Been told you have a heart murmur? YES  NO
   E. Been told you have High Blood Pressure? YES  NO
   F. Does anyone in your family have hypertrophic or dilated cardiomyopathy, Long QT or Marfan syndrome or other heart arrhythmia problems? YES  NO
   G. Has anyone in your family under 50 died suddenly or been disabled from Heart Disease (Parents, Grandparents, siblings, uncles, etc)? YES  NO
   H. Had prior restriction from participation in sports? YES  NO
   I. Had a Physician order a heart test? YES  NO

PLEASE EXPLAIN ANY YES ANSWER FROM ABOVE:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
V. **EYES**

1. Do you wear corrective glasses?  YES  NO
2. Do you wear contacts?  YES  NO
3. Do you wear either for athletic participation?  YES  NO

VI. **DENTAL**

1. Do you have any chipped, cracked, or false teeth?  YES  NO
   If YES, please give details: ____________________________________________
2. Do you wear any dental appliance (braces, plate, caps)?  YES  NO

VII. **NOSE**

1. Have you ever fractured your nose?  YES  NO
   If YES, when: _______________________________________________________
2. Do you suffer from:
   - Sinus problems  YES  NO
   - Frequent nose bleeds  YES  NO
   - Nasal Blockage  YES  NO

VIII. **HEAD AND NECK**

1. Have you ever suffered a concussion or head injury?  YES  NO
   If YES, when and how severe? _______________________________________
   Did you miss practice or competition as a result? _______
2. Have you ever been knocked unconscious?  YES  NO
   If YES, when: _______________________
3. Have you ever been hospitalized for a head injury?  YES  NO
   If YES, when? _______________ How long? _______________
4. Do you suffer from migraine headaches?  YES  NO
   If YES, how often? _______________ Medication _________________
5. Do you suffer from frequent headaches?  YES  NO
   If YES, How often? _______________ How severe? _______________
6. Have you ever suffered a neck injury?  YES  NO
   If YES, give details: ____________________________________________
7. Have you ever been hospitalized for a neck injury?  YES  NO
   If YES, when? _______________ How long? _______________
IX. **MUSCULOSKELETAL**

Please indicate if you have had any major injuries to the following areas. A major injury for this purpose is one that required medical attention or held you out of physical activity (i.e. fracture, surgery, ligament sprains, dislocations, muscle strains, etc.)

If YES, please indicate the body part, whether left or right side, and type, date and details of the injury in the space provided.

A. Shoulder ___________________________________________ YES NO
B. Elbow _______________________________________________ YES NO
C. Wrist/Forearm ________________________________________ YES NO
D. Hand/Finger __________________________________________ YES NO
E. Back/Spine ___________________________________________ YES NO
F. Hip/Groin _____________________________________________ YES NO
G. Thigh (quadriceps/ hamstring) ________________________ YES NO
H. Knee ________________________________________________ YES NO
I. Lower Leg _____________________________________________ YES NO
J. Ankle _________________________________________________ YES NO
K. Feet _________________________________________________ YES NO

Do you wear protective braces (i.e. Knee brace, ankle brace, etc.) when you participate in athletics? YES NO

If YES, what? ___________________________________________

Do you wear orthotics in your athletic shoes? YES NO

X. **OTHER**

1. Have you ever suffered from heat exhaustion or heat stroke? YES NO

   If YES, when? _______________________________________

2. Have you ever been treated for Ulcers? YES NO

3. Have you ever been diagnosed with a hernia? YES NO

4. Do you have any known skin disorder? YES NO

5. Does your gender identity differ from the sex assigned at birth? YES NO

   If YES, have you sought any medical or surgical intervention for affirming your gender? YES NO
XI. **GYNECOLOGICAL (if applicable)**

**Menses:**

1. Are your periods regular?  
   - **YES**  
   - **NO**  
   
   Age of onset: _______________  
   Duration of periods: _______________  
   Interval between periods: _______________  
   Date of last period: _______________

2. Do you suffer from severe menstrual cramps?  
   - **YES**  
   - **NO**

3. Have you ever been or are you being treated for anemia?  
   - **YES**  
   - **NO**

4. Are you currently on birth control medication?  
   - **YES**  
   - **NO**

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XII. **FAMILY HISTORY**

Check the following disease, if present, in any blood relation family member.  
IF CHECKED, indicate whom was affected.

- **Cancer**
- **High Blood Pressure**
- **Diabetes**
- **Sudden Death**
- **Heart Disease**
- **Blood Disease**
- **Sickle Cell**

☐ Please check this box if none of the above Family History applies to you.

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Are there any other conditions, situations and/or problems that have not been discussed or listed that the Sports Medicine Staff needs to be aware of?  

YES  NO

If YES, please list and explain:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
IMPORTANT NOTE: IF YOU HAVE BEEN SEEN BY A MEDICAL PROFESSIONAL FOR ANY MAJOR OR SERIOUS INJURIES OR ILLNESSES, PLEASE OBTAIN AND SEND COPIES OF ALL OFFICE VISIT NOTES, DIAGNOSTIC TEST RESULTS, OPERATIVE NOTES, AND PHYSICAL THERAPY NOTES.

FAILURE TO PROVIDE MEDICAL DOCUMENTATION, MAY DELAY YOUR PARTICIPATION IN ATHLETICS AT BINGHAMTON UNIVERSITY.

I, the undersigned, hereby acknowledge, affirm, and represent that all statements and answers on this questionnaire are true and accurate to the best of my knowledge; and that no answers or information have been withheld.

__________________________________  __________________________________  
Student-Athlete Signature  Date

__________________________________
Printed Name

__________________________________  __________________________________  
Parent/Guardian (if under 18 years of age)  Date

Reviewed By:

__________________________________  __________________________________  
BU Sports Medicine Staff  Date

BINGHAMTON
SPORTS MEDICINE
Dear Student-Athlete & Parents(s)/Guardian:

This is to advise you regarding the risks of injury and the medical requirements for those students who compete in intercollegiate athletics at Binghamton University.

1. ASSUMPTION OF RISK - Participation in Intercollegiate Athletics may constitute a dangerous activity involving risk of injury. Those dangers and risks of playing or practicing include but are not limited to death, severe neck and spinal injuries that may cause complete or partial paralysis, brain damage, severe internal injury, severe injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. It is understood that such injury may result in serious impairment of future abilities to engage in activities of normal daily living.

2. ATHLETIC MEDICAL ELIGIBILITY - All freshmen, transfer students, and new team candidates must complete and pass a physical examination scheduled through the sports medicine staff and administered by a Binghamton University Team Physician or his/her designee. The physical exam will be arranged after preliminary academic eligibility and insurance information has been provided. The physical examination is effective for the duration of the student-athletes career, however, at any time the Team Physician and/or Director of Sports Medicine may re-examine the student-athlete and change his or her status should the situation warrant. All returning student-athletes must complete a Medical Update Form at the start of each academic year. A physical examination will not be needed unless the Team Physician or Director of Sports Medicine feels it is necessary after reviewing the Medical Update Form.

3. MEDICAL TREATMENT - NCAA rules restrict the Binghamton University Sports Medicine staff to care for only injuries sustained while practicing or playing in your selected intercollegiate sport during the academic year. Binghamton University is not permitted to provide medical treatment for illness or injury resulting from activities of normal daily living.

4. INJURY AND ILLNESS REPORTING - Student-athletes are required to be an active participant in their own healthcare. As such, you have the direct responsibility for reporting all of your injuries and illnesses to the sports medicine staff of Binghamton University (e.g., team physician, athletic training staff). Your true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. You are required to fully disclose in writing any prior medical conditions and will also disclose any future conditions to the sports medicine staff at Binghamton University.

5. CONCUSSIONS / HEAD INJURIES - By signing below, you further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. You have been provided with educational materials on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to my sports medicine staff. This information is also provided in your team’s orientation meeting.

6. MEDICAL INSURANCE - All Binghamton University Students are required to have personal health insurance coverage. In the event that you suffer an athletic injury that results in medical bills, claims must FIRST be submitted through YOUR primary and secondary insurances. Binghamton University has an excess insurance plan that will pay the difference of what your personal insurance does not cover. In order to process a claim under BU’s excess insurance plan, itemized bills from the healthcare provider and an explanation of benefits (EOB) from your personal insurance carrier must be provided to BU’s Sports Medicine Department. Our excess insurance company will not make payments until your private insurance company has made a payment or denial. Enclosed is a letter further detailing our insurance policies and procedures.

Further information is enclosed detailing Binghamton University’s Sports Medicine Department’s Illness, Injury, and Medical procedures as well as NCAA information on concussions and sickle cell trait. Please read this information very carefully. After you have the opportunity to do so, kindly indicate your understanding and approval by signing below and returning this form along with the other requested information as soon as possible. Of course, should you have any questions, please bring them to our attention 607-777-5571 or 607-777-7011.

Sincerely,

The Department of Sports Medicine
Binghamton University

___________________________________________  __________________________
Student-Athlete Date

___________________________________________  __________________________
Parent/Guardian (if under 18) Date
CONCUSSION
A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
- Is caused by a blow to the head or body.
- From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can’t see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:
- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light or noise.
- Nausea (feeling you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slow reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
- Don’t initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Don’t hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion.
Sports have injury timeouts and player substitutions so that you can get checked out.
Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.
Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play.
A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.
Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
A FACT SHEET FOR STUDENT-ATHLETES

SICKLE CELL TRAIT

WHAT IS SICKLE CELL TRAIT?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
- Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- Most U.S. states test at birth, but most athletes with sickle cell trait don’t know they have it.
- The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

HOW CAN I PREVENT A COLLAPSE?

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety
About Sickle Cell Trait:
- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (three million Americans).
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape)), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing:
- The NCAA mandates that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- Binghamton University Intercollegiate Athletics offers sickle cell trait screening in the form of a blood test to all student-athletes as part of the pre-participation physical examination process.
- A part of the pre-participation physical examination, testing will be conducted at the Binghamton University Athletic Training Room and/or University Health Services and/or other designated laboratory facility and results will be reported to a Binghamton University Sports Medicine Staff.
- Student–Athletes do have the right to waive testing; or if you have been tested before, provide medical records with your sickle cell trait status to the sports medicine department.

Please choose and CHECK one option:

[ ] I, _________________________, would like to be tested (Blood test) for Sickle Cell Trait

[ ] I waive my right to be tested for Sickle Cell Trait (Please fill out and sign the waiver below)

I, _________________________, understand and acknowledge that the NCAA and the Binghamton University Department of Intercollegiate Athletics mandates that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to Binghamton University Sports Medicine personnel.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless the State of New York, Binghamton University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the mandate of the NCAA and the Binghamton University Department of Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Signature _________________________ Date ________
Sport _________________________

Parent/Guardian Signature (if under 18 years of age) _________________________ Date ________
Parent/Guardian Print Name _________________________
At Binghamton University, we use ImPACT online concussion testing to assist us in providing the appropriate care when treating and evaluating head injuries (concussions). In order to maximize the effectiveness of this tool, we collect a baseline measurement of how well you can perform the tests when you are healthy prior to participating in athletics. This test is required for all student-athletes. Thank you for your cooperation and please follow the instructions below.

**IMPACT CONCUSSION ON-LINE TESTING INSTRUCTIONS**

**Please make sure of the following before starting your exam:**

1) An External mouse must be used throughout the exam. TouchPad and TrackPoint mice (typically found on laptop computers) should NOT be used.

2) If you are taking your exam on a laptop computer, make sure it is plugged into an electrical outlet and is not running on battery power.

3) Please close any applications other than ImPACT that are currently running on this computer.

4) Please choose an environment that is free of noise and other distractions.

**To take the IMPACT test online go to the following website:**

1) [https://www.impacttestonline.com/colleges/](https://www.impacttestonline.com/colleges/)

2) Select the **state** in which you go to college  NEW YORK

3) ENTER Code E33FF5DC08 and Click on the Launch Baseline Button

4) Select language and follow the instructions given It should take approximately 20 minutes to complete.

5) TURN OFF POP UP BLOCKER
The Department of Intercollegiate Athletics at Binghamton University believes that the use of controlled substances and performance enhancing drugs represents a danger to the health and careers of student-athletes and constitutes a threat to the integrity of intercollegiate athletics. Additionally, use or abuse of drugs can be extremely injurious to student-athletes and their teammates particularly when participating in athletic competition and/or practice.

Therefore, the department has implemented a mandatory program of drug education, screening and treatment (counseling/rehabilitation) to assist and benefit student-athletes at BU. The program seeks to protect student-athletes at BU from the risks and dangers of drug abuse through such measures as interventions and sanctions for violations of policy.

The goals of the Screening and Education Program include enhancing the health and well-being of all student-athletes while educating and safeguarding all participants in BU programs. In that BU believes that substance abuse can be both physically and emotionally destructive to student-athletes at any time during their careers. Substance abuse screening is randomly performed throughout the year regardless of whether student-athletes are in or out of season.

**ATHLETIC DRUG ADVISORY COMMITTEE**

The Athletic Drug Advisory Committee supervises the Substance Abuse Screening and Education Program. The committee is comprised of: The Athletic Director (or designee), Associate Athletic Director / Sport Programs, Sr. Associate for Student Services (or designee), Director of Sports Medicine (or sports medicine staff designee), Head Strength and Conditioning coach, and representative(s) of the BU coaching staff.

A designee from BU’s Sports Medicine Area serves as the Substance Abuse Screening and Education Program coordinator and works closely with the Athletic Drug Advisory Committee. The Sports Medicine staff will collect and maintain the Substance Abuse Screening and Education Program Consent Form. The program coordinator will serve as the clearinghouse for all communications between the contracted laboratory and the Advisory Committee.

**PROHIBITED SUBSTANCES**

The use of the following substances are prohibited before, during, and after the sport season, except as prescribed by a physician qualified to treat the medical condition for which the prescription is made: Stimulants, Amphetamines, Barbiturates, Phencyclidine, Benzodiazepines, Cannabinoid, Synthetic Marijuana, Anabolic Steroids, Methaqualone, Cocaine, and Opiates.

**PROCEDURES**

*Informed Consent*: Student-athletes are asked to sign an “Informed Consent” waiver giving the BU Department for Intercollegiate Athletics permission to screen for banned substances. This consent expires at the end of the student-athlete’s athletic eligibility or six (6) years from the date it is signed.

*Selection for Screening:*

1. **Institutional Random** - Randomized individual and team screening will be performed throughout the year. Official team rosters will be maintained in the Athletic Compliance Office. The rosters will be provided to the contracted laboratory for the purpose of composing a list of student-athletes eligible to be randomly computer selected for screening. This random computerized list will be generated at various times throughout the year.

2. **Institutional Reasonable Cause** - In addition to random drug testing, Binghamton University Department for Intercollegiate Athletics reserves the right to screen a student-athlete anytime there is a reasonable cause that he/she may be engaged in the use of banned substances.
The term “reasonable cause” means, that information has been given to a member of the coaching staff, Sports Medicine Department, and/or athletics administrator, in good faith, from a reliable source or sources regarding a student-athlete’s use of banned substances. Furthermore, a student-athlete’s possession or use of a prohibited substance, arrest or conviction related to the possession of, use or trafficking of banned substances, and abnormal conduct interpretable as being caused by the use of banned substances, all rise to the level of reasonable suspicion.

3. **Team Testing** - In addition to randomized testing, head coaches have the option of drug testing all members of their teams at their discretion. All expenses from team testing will be at the expense of that team’s budget. The head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid as the result of a positive drug testing result.

4. **NCAA Championship / Post-Season Play** - Testing in the event of an individual or team qualifying for NCAA Championship competition, the individual or team is subject to drug testing prior to NCAA championship. A positive drug test prior to NCAA competition may result in immediate suspension from any further athletic participation for the current athletic season effective immediately, regardless of the number of past penalties. Final decision on penalties imposed will be made by the Athletic Drug Advisory Committee.

**Urine Collection** Members of the Sports Medicine Staff will collect urine samples and provide them to the contracted laboratory for analysis.

**Failure to Appear or Tampering:** Failure to appear or to produce an acceptable sample as identified by the contracted laboratory shall be considered a positive test result. Any attempt to circumvent the established screening protocols shall also be considered a positive test result. Cooperation of the student-athlete is defined as ingestion of 8 ounces of fluids every 15 minutes until an acceptable sample is produced. Uncooperative behavior will be treated as an attempt to circumvent and therefore result in a positive test result. Any evidence of tampering with or falsifying a sample will result in a positive test result.

**Confidentiality:** Identification of those participating in the urinalysis and all results will be strictly confidential. The contracted laboratory will notify the designated member of the Athletic Drug Advisory Committee of all results. That person will be the only person capable of matching positive test results with individual identification numbers.

**RESULTS**
In accordance with the purpose of this program, it will be assumed that all student-athletes will test negative to the drugs listed on the banned substances list. There will be no maximum number of times that each student-athlete may be tested during his or her career at BU. If a student-athlete does have a positive result from a urine test, then he or she will be placed on an active list and then may be randomly tested for the remainder of their career.

**First Positive Result:** If an individual’s sample tests positive, the contracted laboratory will retest the sample immediately to assure there is no error in the result. If a positive result is verified, an Athletic Drug Advisory Committee representative from BU’s Sports Medicine Area will be notified by the laboratory. The Director of Sports Medicine will hand deliver a letter with notification of a positive result to the Athletic Director and Associate Athletic Director / Sport Programs. The Director of Sports Medicine will notify the student-athlete via a letter of the positive result. A copy of this letter will be forwarded to the Athletic Director and the student-athlete’s Head Coach. The student will be directed to arrange a meeting with the Director of Sports Medicine within 3 days of notification. The student-athlete will begin attending intervention and education programming at the direction of the Director of Sports Medicine. Any positive test will result in a retest.

Failure to comply or refusal to participate with the counseling program set forth above will result in the immediate contact of the student-athlete’s Head Coach and disqualification from all athletic participation until the above guidelines are met.
The Student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid.

**Second Positive Result:** If an individual’s sample tests positive, the contracted laboratory will retest the sample immediately to assure there is no error in the result. If a positive result is verified, an Athletic Drug Advisory Committee representative from BU’s Sports Medicine Area will be notified by the laboratory. The Director of Sports Medicine will hand deliver a letter with notification of a positive result to the Athletic Director and Associate Athletic Director / Sport Programs. The Director of Sports Medicine will notify the student-athlete via a letter of the positive result. A copy of this letter will be forwarded to the Athletic Director, the student-athlete’s Head Coach. The student will be directed to arrange a meeting with the Director of Sports Medicine within 3 days of notification. The student-athlete will begin attending intervention and education programming at the direction of the Director of Sports Medicine. Any positive test will result in a retest.

Failure to comply or refusal to participate with the counseling program set forth above will result in the immediate contact of the student-athlete’s Head Coach and disqualification from all athletic participation until the above guidelines are met.

Additionally, the student-athlete shall be suspended immediately from competing, including all contest related activity. This suspension will last for approximately 20% of the scheduled and completed intercollegiate contests. The suspensions will be for those contests during the segment of the playing season that ends with an NCAA Championship or for any contests used to qualify for conference or NCAA post-season competition. Scrimmages and/or exhibitions (e.g. alumni games, foreign tours) shall not qualify as contests with reference to satisfying suspensions. Furthermore, contests that would generally qualify for the satisfaction of penalties but are not played for any reason may not be included. The number of games/competitions/matches for which the student-athlete will be suspended varies from sport to sport. Standard rounding procedures should be used when calculating a withholding penalty for a positive drug test. For example, 2.4 and below equals 2, and 2.5 and above equals 3. The period of suspension will carry over from season to season. Examples: (1) If the period of suspension is not concluded by the end of the regular season, the period of suspension will carry over to the conference and/or NCAA tournament contests; (2) If the period of suspension is not completed by the end of the segment of the playing season that ends with an NCAA Championship, the suspension will carry over to the next playing season that ends with an NCAA Championship.

Note: Student-athlete penalties will be assessed based on the scheduled contests for the sport(s) in which the student-athlete was on the roster at the time of the test. Any subsequent rosters to which the student-athlete is added during that year may lead to an increase in sanctions.

The Student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid.

**Third Positive Result:** If an individual’s sample tests positive, the contracted laboratory will retest the sample immediately to assure there is no error in the result. If a positive result is verified, an Athletic Drug Advisory Committee representative from BU’s Sports Medicine Area will be notified by the laboratory. The Director of Sports Medicine will hand deliver a letter to the Assistant Director, Leadership/Student Services notifying them of the positive result. A copy of that letter will also be forwarded to all members of the Drug Advisory Committee.

A meeting of the student-athlete, Head Coach, and Athletic Director (or designee) will be arranged. At this meeting the student-athlete will be advised that he/she will be suspended from any further participation, effective immediately, and this suspension shall continue through the next academic semester. The continuance of any athletically related financial aid during the period of suspension shall be at the discretion of the Athletic Drug Advisory Committee and the Athletic Director (or his designee). The student-athlete will be referred for appropriate rehabilitation. In order to be considered for reinstatement, the student-athlete will have to undergo a fourth drug screening at the conclusion of the suspension period. If the results are positive, the student-athlete will no longer be eligible for participation in the Binghamton University Athletic Program. If the results are negative, the athletics eligibility shall be
restored at the recommendation of the Athletic Drug Advisory Committee and the Athletic Director (or his designee).

The Student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid.

Effect of Negative Result in Retesting to Confirm a Positive Result. When the result of any retest for confirmation of a positive test is negative, it shall be assumed that the immediately prior positive result was an error, and that the prior test shall be treated as no violation.

CONVICTIONS
Any conviction of a drug related incident, whether on or off campus, will be considered a first violation of the Department of Intercollegiate Athletics Substance Abuse Screening and Education Program. Any subsequent incidents or involvements will be considered a second and/or third violation as outlined in the above mentioned policy.

APPEALS AND REINSTATEMENT
Student-athletes who test positive will be entitled to appeal the results of the findings before the Athletic Director (or designee) prior to the imposition of any sanction. Request for such a hearing must be made within 48 hours of notification of the positive drug test result. The hearing will be held no later than 96 hours after the request. An extension may be granted upon showing of good cause. The student-athlete will be informed of a decision within 24 hours of the hearing.
CONSENT TO PARTICIPATE IN THE BINGHAMTON UNIVERSITY DEPARTMENT OF INTERCOLLEGIATE ATHLETICS SUBSTANCE ABUSE SCREENING AND EDUCATION PROGRAM

I hereby acknowledge that I have received a copy of the BU Intercollegiate Athletic Substance Abuse Screening and Education Program. I further acknowledge that I read the Policy; that it has been outlined to me, and that I fully understand the provisions of the Policy.

I hereby voluntarily and without threat, inducement or compulsion, consent to have a sample of my urine collected and tested for the presence of certain drugs or substances on a random, unannounced basis, in accordance with the provisions of the Substance Abuse Screening Policy, and at such times as may be required by the Policy.

I further agree and consent to the disclosure of said records and results relating to me, only to those persons involved in the administration of the program and only under the circumstances described in the program. This consent is given pursuant to all State and Federal privacy statutes and is a waiver of my rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

I understand and that the contracted laboratory shall release the results of the urinalysis to the Drug Advisory Committee only. I further understand that the actions of the Drug Advisory Committee shall be carried out in a manner consistent with the confidential nature of the program and the committee may not release the information voluntarily, however, a competent court order/subpoena may require such release.

I hereby release the New York State, the State University of New York, and Binghamton University, and their employees, agents, and representatives from any liability relating to the release of any personally identifiable information which has been released or provided in accordance with the BU Intercollegiate Athletic Substance Abuse Screening and Education policy.

This consent expires at the end of my athletic eligibility or six (6) years from the date it is signed.

Student-Athlete Name Printed_________________________________  Sport ___________________  Date of Birth __________

Student-Athlete Signature________________________________________  Date __________

Parent Signature ____________________________________________  (Required if under 18 years old)

STUDENT-ATHLETE AUTHORIZATION/CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby authorize the Team Physicians, athletic trainers, sports medicine staff and other health care personnel representing Binghamton University to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, academic counselors, athletic and/or university administrators, chaplains and/or clergy members, NCAA Injury Surveillance System, sports information staff and members of the media.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Binghamton University. I understand that my protected health 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 once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Director of Sports Medicine, but if I do, it will not have any effect on actions Binghamton University took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent expires six (6) years from the date it is signed.

Student-Athlete Name Printed_________________________________  Sport ___________________  Date of Birth __________

Student-Athlete Signature________________________________________  Date __________

Parent Signature ____________________________________________  (Required if under 18 years old)
UNDER AGE 18 MEDICAL WAIVER

To the Parents of Binghamton University Student-Athletes Under the Age of 18:

I, the parent/legal guardian of ____________________________________________
do hereby give consent for his/her treatment through the Binghamton University
Sports Medicine Department, and local hospitals or healthcare providers.

________________________________
Signature of parent/legal guardian

________________________________
Date

Please return to:
Department of Sport Medicine
Binghamton University
P.O. Box 6000
Events Center – Athletics
Binghamton, NY 13902

Fax: 607-777-5577