

This MEDICAL HISTORY FORM must be completed annually by parent (guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name Sex Age DOB Hm Phone City Zip
Address
Grade 2011-2012 School Attending 2011-2012 Sport(s)
Personal Physician Physician's Office Phone
Father Hm Wk Cell
Mother Hm Wk Cell
Relative/Friend Hm Wk Cell

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches.

Table with columns Yes, No and questions 1-19. Includes questions about medical history, injuries, and physical symptoms. Includes a section for Females Only (question 19) and a box for explaining 'Yes' answers.

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

X Student Signature: Parent/Guardian Signature: X Date:

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name Date Signature

## PRE-PARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )  
brachial blood pressure while sitting

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. *\*Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

### CLEARANCE

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type): \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**X**

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

**\*\*HIGH SCHOOL ONLY\*\***

**'11 – '12 ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM  
AND RELEASE OF LIABILITY**

An ECG screen (sometimes also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screen may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am either electing or declining an ECG screen provided by the Cypress-Fairbanks Independent School District for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (i.e., an echo or ultrasound) and /or a medical consultation prior to being released to resume participation for CFISD athletic teams. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Cypress-Fairbanks Independent School District, its employees, trustees, consultants and contractors that relate to the student's election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Educational Privacy Rights Act and the Health Insurance Portability and Accountability Act of 1996.

**I DO hereby consent to participation in the ECG screen on behalf or that of my minor child.**

**I DECLINE participation in the ECG screen on behalf or that of my minor child.**

Child's Name Printed \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

**X**

Parent/Guardian Signature \_\_\_\_\_

PARENT E-MAIL ADDRESS \_\_\_\_\_

**ATHLETE INFORMATION**

**ETHNICITY:** CAUCASIAN \_\_\_\_\_ HISPANIC \_\_\_\_\_ AFRICAN AMERICAN \_\_\_\_\_ ASIAN \_\_\_\_\_ OTHER \_\_\_\_\_

**STUDENT ID #:** \_\_\_\_\_ **NAME** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GENDER:** MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CIRCLE HIGH SCHOOL ATTENDING 2011-2012:**

Cy-Creek

Cy-Fair

Cy-Falls

Cy-Lakes

Cy-Ranch

Cy-Ridge

Cy-Springs

Cy-Woods

Jersey Village

Langham Creek

**CIRCLE SPORTS YOU PLAN TO PARTICIPATE IN:**

BASEBALL

BASKETBALL

X-COUNTRY

FOOTBALL

GOLF

SOCCER

SOFTBALL

SWIMMING

TENNIS

TRACK

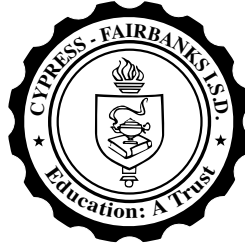
VOLLEYBALL

WRESTLING

*This section to be completed by Athletic Trainer  
DATE ECG COMPLETED*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**\*\*HIGH SCHOOL ONLY\*\***



**CONSENT FOR ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) and RELEASE OF INFORMATION**

I here by give consent for the student to have a baseline and a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) test administered at a CFISD High School if he/she participates in a contact sport. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at his/her home high school. I understand there is no charge for the testing done in CFISD.

CFISD may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, and/or other treating physician. I also authorize CFISD personnel to communicate with my child's primary care physician, neurologist and/or other treating physician regarding my child's ImPACT results.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

For more information about ImPACT please visit [www.impacttest.com](http://www.impacttest.com).

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

I have received and read the following documents and agree to follow the rules and regulations.

- ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) **High School Only**
- UIL Acknowledgement of Rules
- UIL Steroid Use / Testing Agreement
- Sportsmanship Form
- Acknowledgment of Secondary Insurance Coverage  
([http://www.cfid.net/dept2/insur/ins\\_stu.htm](http://www.cfid.net/dept2/insur/ins_stu.htm))

**I acknowledge that I have access to and am responsible for the information entitled, UIL Parent Manual located at [www.uil.utexas.edu](http://www.uil.utexas.edu).**

Name of Parent / Guardian (print / type): \_\_\_\_\_

**X** Signature of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Student (print / type): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**X** Signature of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

Date: \_\_\_\_\_

## '11 – '12 CYPRESS-FAIRBANKS I.S.D. - ATHLETE EMERGENCY INFORMATION CARD

**X** Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of *injury or serious illness* to my son/daughter, I hereby grant permission for a Physician, Athletic Trainer, Coach or school employee to secure medical services and/or administer any medication checked **YES** on the reverse side of this card.

Athlete's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Sport(s) \_\_\_\_\_  M  F Circle Grade Entering ('11-'12) 7 - 8 - 9 - 10 - 11 - 12

School Attending ('11-'12) \_\_\_\_\_ ID# \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Athlete's Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dad's Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dad's Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mom's Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mom's Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent's E-Mail \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Is the athlete allergic to any medication(s)? YES \_\_\_\_ NO \_\_\_\_ If yes, list medication(s): \_\_\_\_\_

Medical History: Please list Month and Year for Surgeries, Fractures, or other Chronic Problems:

\_\_\_\_\_  
\_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION FOR ELECTROLYTE DRINKS AND ORAL MEDICATIONS**

**PLEASE CHECK "YES" OR "NO" TO ALLOW THE ATHLETIC TRAINER TO  
GIVE YOUR CHILD THE FOLLOWING:**

- A. Electrolyte Drinks: ..... Gatorade/Powerade \_\_\_\_\_  YES  NO
- B. Anti-Inflammatory / Pain Medications:..... Ibuprofen - (Advil) \_\_\_\_\_  YES  NO
- C. Anti-Inflammatory / Pain Medications:..... Acetaminophen - (Tylenol) \_\_\_\_\_  YES  NO
- D. Antacids / Anti-Nausea: .....Maalox - (Heartburn, Sour Stomach, and Acid Indigestion) \_\_  YES  NO
- E. Antacids / Anti-Nausea: .....Pepto Bismol - (Heartburn, Nausea) *CONTAINS ASPIRIN* \_\_  YES  NO
- F. Throat / Cough Lozenges: ..... Cepacol - (Temporary relief for sore throat) \_\_\_\_\_  YES  NO
- G. Allergies: ..... Benadryl - (Allergic Reactions) \_\_\_\_\_  YES  NO
- H. Medication(s) or inhaler(s) prescribed by a Physician for your son / daughter \_\_\_\_\_  YES  NO

## ACKNOWLEDGEMENT OF RULES

*Attention School Authorities:* This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

### Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at [www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf](http://www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf).

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student is allowed to participate.

- |  |  |
|--|--|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Swimming & Diving |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Tennis            |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Team Tennis       |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Track & Field     |
| <input type="checkbox"/> Golf          | <input type="checkbox"/> Volleyball        |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Wrestling         |
| <input type="checkbox"/> Softball      |  |

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

### GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

**I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**



## University Interscholastic League

### Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

#### STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil.utexas.edu](http://www.uil.utexas.edu). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

#### PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil.utexas.edu](http://www.uil.utexas.edu). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

# **Cypress Fairbanks Athletic Department**

## **Sportsmanship Standards**

### **Parent Expectations**

Youth sports are for the players. All parents associated with Cypress-Fairbanks I.S.D. are welcome to share in the pleasure of watching their children participate so long as their behavior does not distract the players and officials from the free flow of play. Any issues a parent may have with any coach, official or player should be submitted in writing to the school athletic office and addressed at a proper time and place, not on the field or during a game.

#### **A parent should:**

- Make no remarks to referees or to the players, coaches or spectators of the opposing team unless intended to convey genuine interest, friendship or encouragement.
- Avoid sharp remarks directed to players on your own team who make mistakes on the field. They already know what they have done. Allow them to learn from their mistakes.
- Applaud superior play by both teams.
- Support coaches consistently regardless of the result on the court or field. Coaches contribute many hours of their time to your children. They deserve your congratulations when the team wins and your encouragement when it doesn't.
- Always remain in the spectator area.

Your cooperation with these standards before, during and after each game will make CFISD athletics more enjoyable for everyone.

#### **A parent must:**

- Never use foul language or obscene gestures at a game.
- Avoid persistent comments and gestures which express disagreement with referee decisions.
- Cooperate immediately with any request by the game officials.

Any parent who fails to adhere to these standards will be required to leave the playing area. CFISD reserves the right to suspend any spectator who does not abide by the rules of the sportsmanship plan. This policy applies to everyone.

For access to a complete and comprehensive outline of Cypress Fairbanks ISD, Victory with Honor Program, you may access [www.cfisd.net/athletics](http://www.cfisd.net/athletics).

## CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT

### GROUP STUDENT ACCIDENT INSURANCE FOR INTERSCHOLASTIC ACTIVITIES Grades 7-12 Benefit Review 2010-2011

Cypress-Fairbanks Independent School District, and its employees will not be held responsible for any medical expense incurred by students as a result of their participation in a school sponsored sports, club or UIL activity other than stated below.

The District has obtained a group insurance policy that provides coverage for accidental injuries. The policy has a \$25,000.00 per injury annual maximum medical limit and a **per injury deductible of \$500.00. The policy has financial limitations for payable benefits dependent on the particular covered medical service received.** Please see the reverse side for a brief review of the benefits schedule and note the maximum limitations. Students are covered by this policy for injuries that occur while practicing for, participating in, or traveling in a school-furnished vehicle, to or from the interscholastic approved activity for which coverage is purchased. Coverage is provided for all Junior and Senior High (7-12 grade) interscholastic sports, including football, basketball, cheerleading, band, and school sponsored and supervised non-sports UIL extracurricular activities. The student must be a member of the school-sponsored interscholastic activity being covered and under the direct supervision of a full-time school appointed official. **The \$500.00 per injury deductible applicable to this policy and any charges incurred that exceed the policy maximum limits are the responsibility of the student's parents.** (See Special Note below.)

Coverage under this policy is effective August 1, 2010 through July 31, 2011.

This policy is to be used **as excess coverage**, with any medical and/or dental insurance (including any Preferred Provider Organization or Health Maintenance Organization) that the family of the insured has available being the primary coverage to insure comprehensive coverage, subject to the policy limitations and deductibles. However, if the family does not have its own, this policy can be used as the primary coverage. **In either case, all deductibles and medical charges above the policy limitations are the responsibility of the student's parents.**

Each fall the District makes available a Group Voluntary Student Accident Insurance Policy for parents to consider. Coverage may be purchased under the voluntary plan for either "At-School", "24-Hour", and "Football" coverage. Plan and enrollment information for the Group Voluntary Student Accident Insurance can be obtained from the district's web site at [www.cfsd.net](http://www.cfsd.net) at "Campus Info".

#### SPECIAL NOTE:

**The voluntary policy may be purchased for "At-School" or "24-Hour" coverage and can be used to pay up to the \$500 deductible applicable for each injury, EXCEPT SENIOR HIGH VARSITY FOOTBALL INJURIES, covered under the group Interscholastic Activities Coverage policy purchased by the district. (Two separate claim forms must be submitted, if a claim is being filed on both the Voluntary and Interscholastic Activities policies.)**

#### SENIOR HIGH SCHOOL VARSITY FOOTBALL

**The Voluntary policy may be purchased for "FOOTBALL" coverage and can be used to pay up to the \$500 deductible applicable for each injury. (Two separate forms must be submitted if a claim is being filed on both the Voluntary and Interscholastic Activities policies.)**

**Catastrophic Accident Coverage (Grades 7-12):** The District also carries a Catastrophic Policy with a \$5,000,000.00 maximum benefit per injury limitation. This policy will cover all interscholastic sports, including but not limited to football. This policy also covers cheerleading.

**Interscholastic Activities (UIL) Policy Requirements:** Medical treatment must begin within ninety (90) days of the injury.

**Claim Forms:** Claim Forms are available from all secondary school Athletic Departments. All initial claim forms must bear a statement by the supervision coach, trainer, or sponsor documenting the facts of the injury.

*(See reverse side for Benefits Review)*

Underwritten by



COLUMBIAN LIFE
INSURANCE COMPANY
HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. Box 1381 - Binghamton, NY 13902-1381

Plan Administrator
Student Assurance Services, Inc.
PO Box 196
Stillwater MN 55082-0196
10800-328-2739
www.sas-mn.com

2010-2011 GROUP INTERSCHOLASTIC ACTIVITIES SCHEDULE OF BENEFITS - Grades 7-12

Maximum Benefit ..... \$25,000.00 per Injury, subject to the Benefit Limits listed below
Persons Covered: All Junior and Senior High Interscholastic sports, including football, band, cheerleaders, and non-sport
UIL extracurricular activities.
Deductible ..... \$500.00 per Injury
Policy Term..... August 1, 2010 - July 31, 2011
Coverage Period per Injury.....52 Weeks from date of Injury

A. IN-PATIENT BENEFITS

- 1. Hospital Room and Board ..... Semi-private Room Charge
2. Intensive Care (in lieu of Hospital Room and Board) ..... 1.5 X Semi-private Room Charge
3. Hospital Miscellaneous Services (All Charges except Room & Board) ..... U&C, maximum \$10,000
4. Physician's Non-Surgical Visits (other than Physical Therapy) ..... U&C Charges
5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... Included in Hospital Misc. Benefit
6. X-ray and Radiology Services ..... Included in Hospital Misc. Benefit
7. Registered Nurse ..... U&C charges

B. OUT-PATIENT SURGERY BENEFITS

- 1. Day Surgery (Facility Charge)
Room supplies and all other expenses for out-patient surgery ..... U&C, up to \$3,500 per Injury

C. OTHER OUT-PATIENT BENEFITS

- 1. Hospital Emergency Room Charges ..... U&C, up to \$350 per Injury
2. X-ray and Radiology Services ..... U&C, up to \$300 per Injury
3. CAT Scans, MRI and Bone Scans ..... U&C, up to \$1,200 per Injury
4. Physician's Non-Surgical Visits ..... U&C, up to 5 visits
5. Orthopedic Appliances (when prescribed by a physician for healing) ..... \$500
6. Shots and Injections (within 24 hours of an injury) ..... U&C
7. Prescription Drugs ..... U&C
8. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... \$50 per visit, maximum 20 visits
9. Ambulance Service (Air or Ground) ..... up to \$1,000 per Injury
10. Eyeglass Replacement (if medical treatment is received for a covered injury) ..... U&C
11. Durable Medical Equipment (Post-Surgical Only) ..... up to \$150 per Injury

D. OTHER PHYSICIAN SERVICES

- 1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) ..... U&C, up to \$2,000 per Injury
2. Physician's Surgical Care (In-Patient or Out-patient; includes pre-operative & post-operative care for fractures, dislocations, or repair of lacerations) ..... U&C, up to \$5,000 per Injury
3. Assistant Surgeon Charges (In-Patient or Out-patient) ..... 25% of Surgery Allowance
4. Anesthetist Charges (In-Patient or Out-patient) ..... 25% of Surgery Allowance

E. MOTOR VEHICLE INJURY

..... Same as any Injury, up to \$5,000

F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other injury.

G. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Table with 2 columns: Benefit Type and Amount. Rows include Loss of Life (\$2,000), Loss of an Eye (\$2,000), Double Dismemberment (\$10,000), and Single Dismemberment (\$2,000).

Usual and Customary Charges (U&C) for Covered Services are determined by referencing the 75th percentile for the most current survey published by "Ingenix" for such Covered Services.

When this insurance is excess and another medical plan providing medical benefits to an insured is an HMO or PPO plan, and the insured does not use the facilities or services of the HMO or PPO plan or does not obtain the required preauthorization for alternative care, this policy will only pay benefits for expenses incurred in excess of those expenses that would have been paid by the HMO or PPO plan, had the insured used the HMO or PPO provider.

This review of benefits is not a contract of insurance.
The Master Policy 9F140-CL(Rev.)TX is on file with Cypress-Fairbanks I.S.D's Insurance Department.