

**STUDENT-ATHLETE & PARENT/GUARDIAN**  
**INSURANCE NOTIFICATION**  
**REPLY REQUESTED**

Dear Student-Athlete & Parent/Guardian:

In preparation for the upcoming athletic season, we want to provide you with information about the accident medical insurance our institution carries for your student-athlete. The institution purchases an excess basic accident insurance policy through Mutual of Omaha. The policy covers medical expenses arising from athletic injuries up to a \$75,000 limit and excess of any other available accident/health insurance (such as through your insurer). The NCAA also provides a "catastrophic" medical policy, also excess of other insurance, with much higher limits in the event of serious injury. **This coverage is paid for by the institution, and in order for it to remain affordable, we require all student-athletes to maintain a primary insurance in order to participate in athletics.** The accident medical insurance we carry applies only to covered athletic injuries and is not a replacement for primary accident/health insurance.

All student-athletes and cheerleaders carrying primary insurance must provide the school with either a card showing the policy in force or a front and back copy of the card to be kept on file by the institution. **If at any time this coverage expires during the school year, the athletic department must be notified.** We know employment situations can change, and we need to know what coverage is in place in order to provide the best care to student-athletes and help manage the claims process efficiently. Our athletic trainers and coaches will carry all insurance information with them when teams and athletes travel and will provide this information in the event of an emergency. It is also encouraged that student-athletes carry a copy of their own insurance card.

**Our policy carries a deductible of \$3,000.00.** This deductible will be reduced as payments are made by the primary insurance company. Once the primary insurance company has made payments equal to or greater than our deductible, or pay out-of-pocket, our excess policy deductible will be satisfied. Our policy does have certain limits and may not pay all charges in full.

Please note most primary insurance plans offered through employers have requirements for dependents over the age of 18, and it is important to comply with such requirements in order for coverage to continue to apply to your student-athlete. One requirement may be to provide a schedule proving that your student-athlete is a full-time student. If you are a member of an HMO or PPO, we recommend that you contact them and make sure you understand their policies with regard to dependent students who are going to school out of the network area. In some cases, the company will set up a "guest membership" for dependents in the area of temporary residence. If this is the case, you should attempt to have this set up for your student-athlete prior to their leaving for school.

**Manchester University Rules to Coverage:**

Manchester University does provide insurance coverage for those accidents that occur as a *direct result* of participation in an intercollegiate sport at the University. Coverage of a student-athlete in a particular sport begins on the first day of organized and supervised practice of that sports season and ends upon completion of the final contest of that sports season. Voluntary off-season workouts are NOT covered. The insurance covers accidents only (examples: sprains, strains, fractures) and does NOT cover medical "conditions" (examples: allergies, asthma, colds, fainting). Pre-existing conditions are also NOT covered.

**PLEASE NOTE THAT TESTS ORDERED FOR CONDITIONS FOUND DURING THE PRESEASON SCREENINGS ARE ALSO NOT COVERED.**

**The University policy will NOT provide coverage unless a current physical and this completed "Insurance Form" are signed and on file with the Director of Sports Medicine,** nor will an

athlete be allowed to participate in athletics without these completed documents on file.

## **Procedures**

After Primary Insurance has been confirmed, medical bills for a covered accident, as described above, will be sent directly to the student-athlete or his/her parents. The following procedure should be followed:

- 1. The injured athlete should make copies of all medical bills relating to injury;**
- 2. Bills are submitted to the primary (usually the parent's) insurance carrier;**
- 3. The primary insurance company will return an Explanation of Benefits (EOB) form to the insured.** This form will detail exactly what has and what hasn't been paid on the particular claims.
- 4. Manchester University's secondary policy will take into effect once the \$3,000 deductible has been met.**  
**Note-**This does not mean the University will pay 100% of the remainder of the bill. Our secondary insurance carrier has the right to deny coverage as they see fit. A common example of denial is billable Durable Medical Equipment (DME).
- 5. Durable Medical Equipment Best Practices**

What is Durable Medical Equipment? Those items that can be used over and over again, are used for medical purposes, and are generally not useful to a person that is not injured are considered "Durable Medical Equipment." Examples of Durable Medical Equipment that institutions may use most often include crutches, wheelchairs, walkers, and orthopedic items. While Durable Medical Equipment is often a productive tool in an athlete's recovery, and therefore, securing such equipment is very important, it is generally very costly. The following was designed to assist institutions in reducing the cost of such equipment.

- First, has the equipment been prescribed by the treating physician?
  - You should note that if the equipment has not been prescribed, the basic accident policy does not provide coverage. If the equipment has been prescribed by the treating physician, the institution needs to determine how the equipment will be administered to the student-athlete in the most cost effective manner.
  - You should note that if the equipment was prescribed for preventive measures, the basic accident policy does not provide coverage.
- Does the institution have equipment on campus that the student-athlete can borrow for a short period of time?
  - Loan equipment to student-athlete
- Does the student-athlete have primary medical insurance that would provide coverage for the prescribed equipment?
  - Yes: Follow primary insurance guidelines
  - No: Proceed to next step before securing the equipment

\*Institutions may consider the following methods for reducing the cost of Durable Medical Equipment:

- Verify how much the cost of renting the equipment is versus purchasing the equipment. If it is less expensive to rent, and you don't anticipate needing it for another student athlete, it might be more cost-effective to rent.

### **6. Manchester University will assume NO financial responsibility for the following:**

- Illness (ie. MONO, flu, strep, etc)
- Skin Infections-not related to athletics
- Pre-existing Injuries, usually high school related
- Club or Intramural sport injuries
- Non-sanctioned either, NCAA or Manchester, related lifting, practicing or playing
- Routine Eye, Dental, Medical or surgical exams/procedures
- Prescription Medications
- Pre-participation cardiovascular exams (ie. Stress testing, echocardiograms, EKG's, etc)

### **7. If you have questions you should contact:**

Erin Foreman, MS, ATC, LAT  
Director of Sports Medicine  
Manchester University  
604 E. College Ave. / Box PERC  
N. Manchester, IN 46962  
260-982-5945 or erforeman@manchester.edu

### **Responsibilities**

**It is the student-athlete's responsibility to forward all medical bills to the parent(s) under whom he/she is covered by health insurance.**

**It is the parents' responsibility to file claims with their insurance carrier and to provide claims information (the EOB provides this) and itemized medical bills to Mutual of Omaha in a timely manner.**

**It is the Head Athletic Trainer's responsibility to verify that claims meet the criteria for coverage.**

## SECONDARY POLICY INFORMATION FOR STUDENT-ATHLETES

I have received and understood the attached “Student/Parent/Guardian Insurance Notification.” I understand that this policy is excess over any other insurance that may apply to such injuries. I agree that if I have primary accident/health insurance plan, I will provide Manchester University with evidence of coverage and will notify the athletic department of any material changes in coverage during the academic year.

Please check here if student-athlete has primary insurance and upload a copy of evidence of coverage (a front and back copy of the insurance card(s) is acceptable) to your Mediat Patient Portal.

Please check here if student-athlete does not have primary insurance.

\_\_\_\_\_  
Printed name of Student Athlete

\_\_\_\_\_  
Printed name of Parent / Guardian

DATE \_\_\_\_\_



**Athletic Training  
Sickle Cell Trait Waiver Form**

**Manchester University & the NCAA D-III requires ALL athletes to verify whether they carry the sickle cell trait before participation in ANY physical activity with an intercollegiate sport team.**

**About Sickle Cell Trait**

- 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; it is a life-long condition that will not change over time. During periods of 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 periods of intense exercise (2-3 minutes), blocking normal blood flow to the tissues and muscles. During periods of intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed, and even died. Heat, dehydration, altitude, and asthma and other medical conditions may increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense. Common signs and symptoms of sickle cell emergencies include but are not limited to: increased pain and weakness in the working muscles (especially legs/buttocks/low back); muscle cramps; soft, flaccid muscle tone; and/or immediate symptoms with no warning signs

**Facts about Sickle Cell Trait**

- Those at high risk are ancestors from Africa, South or Central America, Mediterranean countries, India, and Saudi Arabia and Mediterranean countries such as Turkey, Greece, and Italy.
- Sickle cell trait occurs in 8% of U.S. African Americans and 1 in 2,000 to 10,000 Caucasians.
- Sickle cell trait occurs among 1:12 U.S. African Americans.
- Most dangerous risk is exertional rhabdomyolysis.
- Dehydration worsens exertional sickling.
- A sickling collapse is a medical emergency.

**Please select one of the following:**

***Option 1 – Previous Test***

\_\_\_\_ I have previously been tested for the Sickle Cell Trait. My Results are as follows:

\_\_\_\_ Negative (-) for the Sickle Cell Trait

\_\_\_\_ Positive (+) for the Sickle Cell Trait

***Documentation of such should be attached to this form***

***Option 2 – Desired Testing***

\_\_\_\_ I would like to be tested for the Sickle Cell Trait. I understand that this is my financial responsibility, and agree to pursue this in a timely manner to avoid possible delays in my athletic participation.

Test Date:

\_\_\_\_ Negative (-) for the Sickle Cell Trait

\_\_\_\_ Positive (+) for the Sickle Cell Trait

***Documentation of such should be attached to this form***

**Option 3 – Waiver**  
**SICKLE CELL TRAIT TESTING WAIVER**

I, \_\_\_\_\_, understand and acknowledge that the NCAA and Manchester University prefers that all student-athletes (Student-Athlete Name) have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and testing. Recognizing that my true physical condition is dependent upon an accurate medical history and full disclosure, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the Manchester University Athletic Training Department.

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 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 Manchester University 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

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 y.o)

\_\_\_\_\_  
Date

The following is needed **REGARDLESS OF THE OPTION SELECTED** if student-athlete is under 18 years of age.

Parent/Guardian (Print Name) \_\_\_\_\_

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

Witness (Print Name) \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

# Manchester University Department of Athletics

## STATEMENT OF RISKS & RELEASE OF LIABILITY AGREEMENT

Manchester University sponsors many sports including, but not limited to: Football, Soccer, Golf, Cross Country, Volleyball, Tennis, Basketball, Wrestling, Track & Field, Baseball, Softball, & Cheerleading.

I, \_\_\_\_\_, am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in sports include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of traveling to, playing, or practicing to participate in sport(s) may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in sports, I recognize the importance of following coaches', athletic trainers', and physicians' instructions regarding playing techniques, injury care, and other team rules, etc. I agree to report all injuries and any illnesses when they become evident to me, to the supervising certified athletic trainer or to the head coach of my sport(s). I further understand that any abuse of my equipment or any equipment relating to my sport(s) could cause serious injury to me, my teammates, or my opponents if used improperly.

**I choose of my own free will to accept the above disclosed risks, and in consideration of Manchester University allowing me to participate in University sponsored athletics and to use the facilities and equipment of the University, I, for myself and my heirs, personal representatives and assigns, hereby release and forever discharge Manchester University and its officers, agents, trustees, employees, coaches and training staff of and from any and all liability, actions, causes of action, claims or demands which have or may hereafter accrue to me as a result of any injury or illness I may incur as a result of my participation in intercollegiate athletics and/or travel, practice and training in connection therewith.**

In the event of an emergency, I hereby authorize and direct Manchester University to send me to the hospital or the physician most readily accessible and/or to administer necessary emergency care.

*I hereby certify that I read and understand the above statement, and that I have had an opportunity to ask for explanation or clarification of any portion I did not understand.*

\_\_\_\_\_  
Signature of student-athlete

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

\_\_\_\_\_  
Parent's signature if student-athlete is under 18 years of age

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



## Parkview Sports Medicine

\_\_\_\_\_  
Athlete's Printed Name

\_\_\_\_\_  
Printed Name of Parent or Guardian

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

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mobile or Home Phone Number

\_\_\_\_\_  
Mobile or Home Phone Number

### **Consent to Treat and Provide Athletic Training and Sports Performance Services**

I hereby authorize the athletic trainers, physicians, and qualified providers of Parkview Sports Medicine ("PSM") to provide athletic training, and to evaluate and/or provide medical treatment, within the scope of their practices, to the athlete named above. In the event the athlete is injured, PSM will make reasonable efforts to contact a family member at this number: \_\_\_\_\_ if additional evaluation, treatment, or information is needed. I understand that PSM does not obtain prior insurance pre-certification or authorization and that I will be responsible for obtaining such authorization or pre-certification, if necessary.

### **Authorization for Release of Medical Information**

I hereby authorize the athletic trainers, physicians, and qualified providers of PSM to release any and all information regarding my injury, illness, or physical condition, to the extent necessary, to determine my ability to participate in athletics at \_\_\_\_\_ (School or Club Name). PSM may disclose the information to the School or Club, its administration, coaching and athletic staff for the purpose of informing them of my playing status. I expressly authorize PSM to discuss my condition with these individuals.

If I am over 18: I also authorize PSM to release my medical information to my parent(s)/guardian(s). I may revoke this authorization at any time by notifying PSM, in writing, of the revocation. The revocation will not affect any action already taken in reliance on this authorization. If not previously revoked, this authorization will terminate two (2) years from the earliest date set forth below. I understand that information disclosed pursuant to this authorization may be re-disclosed and no longer protected by federal privacy laws. PSM will not be responsible for any such further use or disclosure of the information. I understand that PSM will not condition the provision of treatment, payment, or eligibility for benefits on whether I approve the release of my medical information. If I do not agree to release my medical information, I will strike this paragraph (cross it out).

### **Interview/Photographic Release**

I hereby authorize PSM and its employees to interview, photograph and videotape the athlete named above while participating in athletic events, practices, and other functions associated with athletics at the above identified Club or School. I understand that the Athlete's likeness and name may be used and displayed by PSM on its website and on social media. I understand that if the Athlete provides an interview, information provided in the interview may also be included on the PSM website or on social media. I hereby release Parkview Sports Medicine, its employees and affiliates from any and all liability, claims, demands and causes of action connected with the use and publication of the Athlete's likeness and identifying information on the PSM website and social media. If I do not agree to this Release, I will strike it (cross it out).

**Acknowledgement of Receipt or Declination of Notice of Privacy Practices**

I acknowledge PSM has offered me a copy of its Notice of Privacy Practices (“Notice”). The Notice describes how PSM may use and disclose my protected health information, certain restrictions on the use and disclosure of my health information, and rights that I have regarding my health information. I understand that I should read it carefully. My signature, below, indicates that I have either been offered or have received a copy of the Notice.

I **ACCEPTED** a copy of the Notice.

I **DECLINED** a copy of the Notice.

The Notice of Privacy Practices is also available at the front desk at all PSM offices and on the PSM web site at [www.parkviewsportsmedicine.com](http://www.parkviewsportsmedicine.com). Parkview reserves the right to change the Notice at any time. I understand that I can obtain any revisions to the Notice by accessing the PSM web site or by calling PSM and requesting a copy of the Notice be mailed to me.

**Release and Waiver of Liability for Athletic Training and Sports Performance Services**

I voluntarily accept and assume all risk of participating in the athletic training and receiving sport performance services of PSM. I understand that such activities may expose me to associated risks of injury or even death, and I accept such risks.

I understand and acknowledge that I will engage in various physical activities designed to promote fitness. I hereby confirm that I have consulted with a duly licensed physician and have described to such physician the type of fitness program I am to participate in and have such physician’s approval to participate. I further understand that any questions or concerns that I may have related to my ability to participate in physical activities should be discussed with my physician prior to participation.

As a condition of participation, I agree to hold PSM, its affiliates, assigns, officers, employees, directors, agents, licensees, consultants and independent contractors harmless of any liability resulting from any injury or other harm that may occur in, result from, or arise out of participation in such fitness activities, including any bodily injury or other harm that may result from PSM’s own negligence.

I HAVE READ AND UNDERSTOOD THIS TWO-PAGE AGREEMENT IN ITS ENTIRETY. I HAVE CROSSED OUT ANY TERMS WITH WHICH I CANNOT AGREE. I UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT, I SURRENDER AND HEREBY WAIVE VALUABLE RIGHTS THAT I MAY HAVE, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE. I DO SO FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Printed Name of Athlete if 18 or over or Parent or Guardian (if Athlete is under 18)

\_\_\_\_\_  
Signature of Athlete if 18 or over or Parent or Guardian (if Athlete is under 18)

\_\_\_\_\_  
Date



## ATHLETIC TRAINING HIPAA RELEASE FORM

I understand that my injury/illness information is protected by federal regulation under with the Health Information Portability and Accountability Act (HIPAA) of Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any benefits on whether I provide the consent or authorization requested for this disclosure. I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Manchester University.

I, \_\_\_\_\_ am allowing **FULL** disclosure of my personal health information. This includes diagnostic results, treatments, surgeries, and information regarding any athletic injury or illness I may sustain while participating in intercollegiate athletics at Manchester University. Such information will be used with the best interest of the patient's health in mind.

All of the following individuals may be told about my condition(s):

- Manchester University Athletic Trainers
- The coaching staff for the sports I participate in
- My parents/family:

\_\_\_\_\_  
(Please print name, address & telephone number of parent(s)/guardian(s) to whom the information may be released)

- Manchester University Athletic Directors/Administrators
- Manchester University Team Physicians, and their Office Staff
- Any Treating Doctor/Physical Therapist or Medical Care Provider for an injury/illness I sustain while competing at Manchester University.
- NCAA Injury Surveillance System
- Medical Insurance Coordinators, Insurance Carriers

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect on actions Manchester University has taken in reliance on this authorization/consent prior to receiving the revocation. I understand that I may receive a copy of this authorization. This authorization/consent expires six (6) years from the date it is signed.

\_\_\_\_\_  
Printed Name of the Student

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
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.**

## How can I prevent a concussion?

**Basic steps you can take to protect yourself from concussion:**

- Do not 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 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 fuzzy vision.
  - Sensitivity to light or noise.
  - Nausea (feeling that you might vomit).
  - Feeling sluggish, foggy or groggy.
  - Feeling unusually irritable.
  - Concentration or memory problems (forgetting game plays, facts, meeting times).
  - Slowed 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.

## 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](http://www.NCAA.org/health-safety) and [www.CDC.gov/Concussion](http://www.CDC.gov/Concussion).



*Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services*



ATHLETIC TRAINING  
Student Concussion Agreement Form  
\*Please read the above educational sheet before  
signing\*

I, \_\_\_\_\_ agree that I have read the previous fact sheet on concussions and understand the risks of not reporting any symptoms listed on the sheet. I understand that to properly diagnose a concussion, that I must report any signs and symptoms immediately to a member of the Manchester University Athletic Training Staff, who will then perform a full assessment of my injury and determine the proper course of action.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

**Epi-Pen Auto-Injector Student-Athlete Policy**

**Manchester University Athletic Training Department**

Epinephrine is the drug of choice for the emergency treatment of severe allergic reactions to insect stings or bites, foods, drugs or other allergens and for basic life support treatment for severe asthma. Epinephrine mimics the responses of the sympathetic nervous system. It quickly constricts blood vessels to improve blood pressure, reduces the leakage from the blood vessels, relaxes smooth muscle in the bronchioles to improve breathing through bronchodilation and alleviate the wheezing and dyspnea, stimulates the heartbeat, and works to reverse the swelling and hives. The drug takes effect within seconds, but the duration of its effectiveness is short (about 10-20 minutes).

The Athletic Training Department at Manchester University encourages anyone who has a known allergen to bring their own epi-pen to campus. Upon your arrival, the athletic training staff will double-check that you carry the epi-pen with you to and from your sport. The athletic training staff will use the athlete's epi-pen in the event of emergency.

By signing this form, you acknowledge that you have read and understand the epi-pen policy, and will inform the athletic training staff of an known allergen and epi-pen prescriptions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent guarding signature (if 17 years old or younger)

\_\_\_\_\_  
Date



**MANCHESTER UNIVERSITY**  
**Intercollegiate Athletics**  
**Random Drug Testing Consent Form**

I, the undersigned student-athlete, have read and understand the Manchester University Athletics Department's drug testing policies. In consideration of my participation in intercollegiate athletics at Manchester University, I agree to submit to unannounced, witnessed drug testing by the athletic training staff and/or medical staff of the Manchester University Athletics Department. I will abide by the Department's policies concerning student-athletes who test positive. I understand that signing this Consent Form and submitting to random drug testing is required to participate (i.e., practice or compete) in intercollegiate athletics.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

Once all the forms are completed please save and email the forms to:

**Healthservices@manchester.edu**