

MEDICAL POLICIES
SAM HOUSTON STATE UNIVERSITY
A Member of The Texas State University
Department of Athletics
Effective June 1, 2008

1. **All student athletes must have a physical exam and insurance information on file with the athletic training department before they will be allowed to practice or try out.** This includes being issued equipment, use of athletic facilities and weight room.
2. **All walk-on/non-scholarship student athletes are required to have personal medical insurance.** Scholarship student athletes are not required by the athletic department to hold personal medical insurance; however they must have a signed insurance form on file prior to participation. However, personal medical insurance is recommended for personal health illnesses.
3. **Only referrals by the team physicians and/or the athletic training staff (not coaching staff) will be paid by the athletic department.** Any athlete who chooses to see a physician without a referral will be responsible for paying all claims for their treatment. This also includes second opinions; all injury related appointments must have prior approval and must have all appropriate paper work completed to take to the appointment
4. **All athletes must be treated by the Team Physicians only, unless the Head Athletic Trainer has given approval prior to seeing another physician.** If the athlete chooses to seek a second opinion and/or have a procedure performed by this physician the athlete and/or parents will be responsible for any and all medical expenses that are incurred if prior approval or proper notification were not obtained. Also the athlete and their family will be required to insure that their medical insurance is accepted by their chosen provider, if not they will be responsible for the entire cost.
5. **All student athletes with private medical insurance will be required to provide the athletic training program with the name and telephone number of their health care provider.** Athletes are encouraged to move their primary care physician to the Huntsville/Conroe area.
6. **All insured athletes will be required to return to their health care provider for initial treatment and then request for a referral to a facility or provider closer to the Huntsville area.** If a referral is denied, the athlete will receive treatment (MRI, CT scan, Surgery, and Rehabilitation) within their provider network.
7. **At no time will the athletic training program be responsible for payment of personal medical treatment (Cold, Flu, Sickness, Infection, Optical, Dental or Non-Athletic related injuries).** This is the responsibility of the student athlete and their parents. If a student athlete is requesting Student Assistance Funds to cover the cost of medical treatment, the athlete must first make arrangements for payments of the account, then file the appropriate paperwork directly with the athletic administrative staff for reimbursement.
8. **Changes to these policies are at the discretion of the athletic director and the athletic training staff.**

I acknowledge that I have read the medical policies and agree to abide by the requirements stated within the policy.

Athlete's Signature

Date

(PRINT) Athlete's Name

Parent's Signature

Date