



Dear Drexel Student-Athletes and Parents,

We are pleased to have your son/daughter as a student-athlete at Drexel University and hope that he/she will achieve academic and athletic success. Enclosed with this letter are the pre-participation physical examination (incoming freshman only), health insurance, and medical information forms needed to participate in intercollegiate sports at Drexel University for the upcoming academic year. Please thoroughly read and complete the enclosed paperwork. Athletes are required to return to these completed forms to the sports medicine department **or they will not be permitted to participate** in any activity associated with Drexel Athletics.

Please acknowledge the following key policies when reviewing this packet:

- Each student-athlete is required to be covered by health insurance and provide proof of coverage by submitting a copy of the front and back of their current health insurance card.
- Drexel University Athletic Department provides secondary insurance coverage for athletes to be utilized for injuries sustained while participating in the official team play or practice of intercollegiate sports, including sponsored and authorized team travel.
- Each student-athlete is required to have a yearly medical physical exam. Drexel University team physicians have the final authority to medically clear a student-athlete for participation.

It is the Sports Medicine Departments goal to provide high quality medical care to all student-athletes. Unfortunately, accidents and injuries do occur while participating in intercollegiate athletics. We would be glad to speak with you and answer any questions you might have, just call the Department of Sports Medicine at (215) 895-1734/1597. We look forward to working with you this upcoming school year.

Sincerely,
Michael Westerfer, MS, ATC
Head Athletic Trainer
Department of Sports Medicine



DREXEL UNIVERSITY SPORTS MEDICINE PACKET CHECKLIST

RETURNING STUDENTS

All of the following items must be completed prior to returning the packet. Failure to do so will result in an incomplete sports medicine packet and the student athlete **will not** be permitted to participate in his or her sport.

✓This packet **must** be completed and mailed or faxed to:

*Drexel University Athletics
Attn: Michael Westerfer
3141 Chestnut St.
Philadelphia, PA 19104
Office: 215-895-1597/0497
Fax: 215-895-1943*

1. Please sign and complete all areas on the following:

A. Responsibilities of the Student Athlete Participant Form

✓Must be signed by the **policy holder** and the student athlete

B. Acceptance of Risk Form

✓Please note that the parent or guardian must sign this section if the student athlete is under 18 years of age

C. Parent/Health Insurance Information Form

✓**All** Blanks must be completed

2. Please attach a photocopy of the FRONT and BACK of the student athlete's current health insurance card. If coverage changes during the year, you will need to submit a copy of the new card. If coverage is *cancelled* at any time, please contact the Sports Medicine staff. Thank you for your consideration.

**DREXEL UNIVERSITY
RESPONSIBILITIES OF THE STUDENT-ATHLETE PARTICIPANT**

To be eligible, the student participant must fulfill the following requirements:

1. Complete a pre-participation medical examination administered by a licensed healthcare provider and complete all insurance and medical history information forms prior to participating in any Drexel University athletic activity. *Note: the physical required for students upon entering the University is different than the physical required by sports medicine.*
2. The student-athlete must fully disclose information concerning illnesses and injuries sustained prior to matriculation at Drexel University on the medical history form. *Drexel University is not responsible for injuries/illnesses sustained prior to becoming a student-athlete.*
3. The student must report all injuries sustained in the course of University athletic activities at the time of their occurrence to an athletic trainer or coach. *Drexel University will not be responsible for medical bills acquired as a result of injuries not reported to the sports medicine department in a timely fashion.*
4. The student-athlete must report to the physician, hospital, or student health center if directed by the Sports Medicine Department.
5. The student-athlete agrees to follow all the procedures required of their primary insurance carrier first prior to utilizing Drexel University's secondary coverage. The athlete agrees to accept the responsibility if they are negligent in following claim procedures or negligent in providing the necessary claim information.
6. The student-athlete is responsible for following their medical claims and forwarding all medical bills that are received to the Athletic Training staff. The Drexel Sports Medicine Department is only responsible for filing claims that are reported to the athletic training staff.
7. The student-athlete must provide complete and accurate medical insurance information.
8. The Drexel University Sports Medicine Team is responsible for clearing all injured athletes. Drexel University team physicians have the final authority to medically clear a student-athlete for participation.
9. ***The student AND policy holder must sign below to signify that he/she has read and understands the terms and conditions under which he/she will be permitted to participate in intercollegiate athletic activities at Drexel University.***

Print Student's Name

Student's Signature

Date

Print Parent/Guardians Name

Parent/Guardian Signature

Date

ACCEPTANCE OF RISK OF ATHLETIC PARTICIPATION

I, the undersigned, have been informed, understand, and appreciate that there are inherent risks involved in athletic participation. I have been informed, understand, and appreciate that these risks may involve serious injuries to the head, neck, internal organs, or other structures of the body, which may result in permanent disability, paralysis, or even death.

STUDENT'S SIGNATURE: _____ Date: _____

PARENT'S SIGNATURE: _____ Date: _____

(If athlete is under 18 years of age).

PARENT / HEALTH INSURANCE INFORMATION PAGE

Failure to complete all blanks will result in claim procession delays. If information is not applicable, indicate the reason.

Name of Athlete _____ Sport _____

Social Security No. or Passport No. _____ Date of Birth _____

College Address _____ Cell Phone () _____

Home Address _____ Home Phone () _____

City _____ State _____ Zip _____

Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Medical Insurance _____ Medical Insurance _____

Company or Plan _____ Company or Plan _____

Address _____ Address _____

Policy Number _____ Policy Number _____

Group Number _____ Group Number _____

Phone Number _____ Phone Number _____

Primary Care Physician Information
Name _____

Address _____

Phone Number _____

Please circle whether the company or plan listed is a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or a Point of Service (POS). **HMO** **PPO** **POS**
 Is Pre-authorization required to obtain treatment? **YES** **NO**
 Does your insurance plan require a second opinion before surgery? **YES** **NO**

**PLEASE ATTACH A COPY OF THE FRONT AND BACK
OF YOUR HEALTH INSURANCE CARD BELOW**