

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 _____ - _____ - _____
Address _____ City _____ Zip _____
Grade 2012-2013 _____ School Attending 2012-2013 _____ Sport(s) _____
Student ID: _____ 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 4 columns: Question, Yes, No, Question, Yes, No. Contains 19 numbered questions regarding medical history, injuries, and symptoms. Includes a section for 'Females Only' with questions 19-20. Includes 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: _____ 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 _____ - _____ - _____

Student ID: _____

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*
MEDICAL			
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)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

*If ECG done by physician - _____ Cleared _____ Not Cleared

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: _____

X Signature: _____

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.

‘12 – ‘13 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 activities. 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 addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the Health Insurance Portability and Accountability Act of 1996.

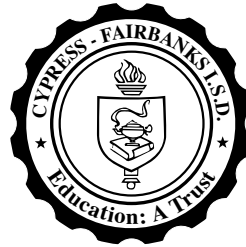
<input type="checkbox"/>	I DO hereby consent to participation in the ECG screen on behalf or that of my minor child.
<input type="checkbox"/>	I DECLINE participation in the ECG screen on behalf or that of my minor child.
Child’s Name Printed _____	Date _____
Parent/Guardian Name Printed _____	X Parent/Guardian Signature _____
PARENT E-MAIL ADDRESS _____	

INFORMATION					
ETHNICITY:	CAUCASIAN _____	HISPANIC _____	AFRICAN AMERICAN _____	ASIAN _____	OTHER _____
STUDENT ID #: _____	NAME _____				
AGE: _____	GENDER: MALE _____	FEMALE _____	BIRTHDATE: _____ / _____ / _____		
GRADE: _____					
CIRCLE HIGH SCHOOL ATTENDING 2012-2013:					
Cy-Creek	Cy-Fair	Cy-Falls	Cy-Lakes	Cy-Ranch	
Cy-Ridge	Cy-Springs	Cy-Woods	Jersey Village	Langham Creek	

<i>This section to be completed by Athletic Trainer</i>
DATE ECG COMPLETED
_____ / _____ / _____

'12 – '13

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.

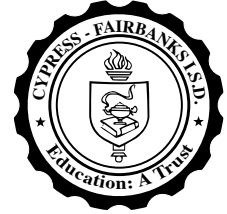
CFISD may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, and/or other treating physician. I also authorize CFISD personnel to communicate with my child's primary care physician, neurologist and/or other treating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

Parent Name: _____ Date: _____

Parent Signature: _____



Cypress Fairbanks ISD

Authorization for the Release of Medical Information

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student’s educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete’s educational record.

This authorization permits physicians to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties as follows: the athletic trainers, team physicians, and athletic staff (including coaches) of the Cypress Fairbanks ISD. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Cypress Fairbanks ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions Cypress Fairbanks ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID# _____

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

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.cfishd.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.

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: _____

‘12 – ‘13 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 ('12-'13) 7 - 8 - 9 - 10 - 11 - 12

School Attending ('12-'13) _____ 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 _____ - _____ - _____

Emergency Contact _____ Phone _____

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:

NAME: _____

'12 – '13

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.

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. 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. 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.

CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT

GROUP STUDENT ATHLETIC AND ACTIVITIES ACCIDENT INSURANCE

Grades 7-12

Benefit Review 2011-2012

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, 2011 through July 31, 2012.

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 as 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 purchase. Coverage may be purchased under the voluntary plan for either "At-School", or "24-Hour" coverage. Plan and enrollment information for the Group Voluntary Student Accident Insurance can be obtained from the district's web site at www.cfisd.net at "Campus Info".

SPECIAL NOTE:

The voluntary policy may be purchased by the parent for "At-School" or "24-Hour" coverage and can be used to pay up to the \$500 deductible applicable for each injury covered under the group Athletic and Activities Coverage policy purchased by the district. This year's Voluntary Student Accident Insurance policy is:

New Insurance Company: Pan-American Life Insurance Company

School Time Accident Coverage	Plan A - \$29.00	Plan B - \$22.00
24 Hour Accident Coverage	Plan A - \$99.00	Plan B - \$68.00

Two separate claim forms must be submitted, if a claim is being filed on both the Voluntary and Athletic and Activities policies.

Catastrophic Accident Coverage (Grades 7-12): The District also carries a Catastrophic Policy with a \$6,000,000.00 maximum lifetime benefit per injury limitation. This policy will cover all interscholastic sports, including but not limited to football. This policy also covers cheerleading. The Catastrophic policy has a \$25,000 deductible, per injury, that includes all medical costs incurred for the injury within 24 months of the injury.

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. They may also be obtained from the District's Insurance Department web page. All initial claim forms must bear a statement by the supervising coach, trainer, or sponsor documenting the facts of the injury.

(Please review and save the Benefits Review on the reverse side.)

Underwritten by:

Pan American Life Insurance Company
601 Poydras Street
New Orleans, Louisiana 70130

Mail all Claims to:

GM-Southwest, Inc.
P O Box 4000
Frisco, Texas 75034
972-377-9363
800-381-4517

2011-2012 GROUP ATHLETIC AND ACTIVITIES ACCIDENT INSURANCE 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
extracurricular activities.
Deductible \$500.00 per Injury
Policy Term August 1, 2011 - July 31, 2012
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 \$500 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 \$300 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 \$5,000 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.

Loss of Life	\$ 2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	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 is on file with Cypress-Fairbanks I.S.D's Insurance Department.