

Graceland University

Athletic Training Handbook



Revised May 2009

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Sports Medicine

Vision

The athletic training staff, in conjunction with the athletic training major, should provide students with opportunities to gain current knowledge and skills, develop professional attitudes and behaviors, acquire tools for problem solving, analysis, and synthesis, and integrate them into traditional and non-traditional settings.

Mission

Graceland University Sports Medicine shall strive to provide student-athletes with traditional athletic training services, which promote a positive and safe environment of play.

Goals and Objectives

1. Provide a positive and safe environment for all student-athletes to participate.
2. Return injured athletes to physical activity in the best physical, emotional, and psychological health possible.
3. Embrace the ideals of scholarship and sportsmanship.
4. Educate students and athletes about taking an active role in their personal health.
5. Foster interaction between faculty, staff, and students by offering an environment that promotes cooperation, intellectual curiosity, respect, and responsibility.
6. Provide leadership and direction that will result in athlete's achievement of personal and team goals.
7. Provide mentorship that enhances the athletic training students' educational experiences and culminates in graduation and certification.
8. Ensure continuous growth and professionalism through consistent evaluation and assessment of services and program goals.
9. Be dedicated to utilizing whatever technology is available and affordable in delivery of sports medicine services.

**Sports Medicine Staff
Telephone Directory**

Graceland Univ. (641) 784-5000
Athletics Office (641) 784-5311
Athletic Training Room (641) 784-5392

Athletics

John Bartholomew 784-5042 Office
Head Athletic Trainer 784-4677 Home

Erin Lundy 784-5037 Office
Asst. Athletic Trainer 314-435-8630 Home

Amy Moran 784-5392 Office
Asst. Athletic Trainer 816-536-8102 Home

Jessica Wallace 784-5186 Office
Asst. Athletic Trainer

Brandy Leffler 784-5081 Office
Asst. Athletic Trainer

Dr. Crites/ Jacobson (515) 440-2676 Office
Team Orthopedic

Dr. Easter 784-3177 Office
Team Physician

Benna Easter, RN 784-5372 Office
Nurse

Paperwork needed to be cleared for participation

The following forms need to be filled out and turned in every year before a student is cleared to participate:

- Parent Information
- Medical History
- Risk Waiver
- Physical
- Copy of their insurance card (all athletes must have insurance to participate)

** The parent information form and risk waiver form are located in the appendix.

Procedure to receive insurance coverage

- Injury must be reported to the Athletic Trainer
- The injury must occur during an organized practice, game, or conditioning.
- Doctor visits must be authorized by the athletic training staff.
- The doctor's visit should be charged to the athlete's insurance first.
- To file with Graceland's insurance, the athletic training room must receive an itemized bill, a form from the insurance company that explains what they have paid (EOB), and a claim form.

If these steps are not followed, Graceland's athletic insurance will not cover the medical costs.

Doctors Visit.

Graceland University will provide transportation for the initial visit and surgery date if necessary.

Coverage

Coverage will be assigned by the following criteria:

1. In-Season (exception spring football)
2. Injury rate for the sport (determined by the NCAA)
3. Conference/Regional home events
4. Junior varsity practices are not covered.
5. The coverage table is located on page 29
6. The athletic training room is closed on Sundays. A coach can notify and ATC to come in and prepare athletes for practice, and will remain on call during the practice time.
7. The athletic training room will close at 6:30pm on Wed. nights.
8. Athletic coverage cannot be guaranteed without 24 hour notice of game and practice changes.

General Athletic Training Rules

1. No outdoor shoes in the athletic training room.
2. Athletes need to shower before entering the athletic training room.
3. Towels need to stay in the room
4. If an athlete does not sign in, they will be listed as a no show.
5. Act respectful in the athletic training room.
6. Shirt and shorts are required.

7. Hang all clothing/bags at the door.

Over the Counter Medication Policy

Athletic Training Majors may not hand out any medication to athletes with out prior permission from a Certified Athletic Trainer (ATC). Once permission is given you may provide the athlete with one dose (according to the medications label). When the athlete receives the medication he/she must sign in and the athletic training major must properly track the medication. During road trips the Athletic Training Major should inform the coach before they administer any medication and the ATM is only to administer one dose at a time.

Rules and Regulations for Staff and Athletic Training Students (ATS)

1. Respect! For yourself, your job, and those around you.
2. Report promptly for practice/games and arrange treatment times with your athletes and coaches.
3. Be Professional.
4. Avoid the use of foul language.
5. Adhere to the athletic training code of ethics and school policies.
6. Adhere to bloodborne pathogens standard of universal precaution and policies.
7. Do not leave practice/games until they are finished and your services are no longer needed. Make arrangements if you must leave early.
8. Record all injuries on Injury Report Forms.
9. Dress professionally. Shirts with school logos, and khaki pants or shorts are appropriate or business casual. Wind suits and mesh shorts are appropriate. Sweat pants are not. Shorts must be within 3” of the knee. Avoid torn clothing or clothing that endorses products/behavior unbecoming of the school or profession. Eye brow and lip rings are not allowed.
10. Take responsibility for your duties and actions.
11. Have Fun!

Failure to comply with athletic training room rules and regulations may result in disciplinary action. Please refer to the Disciplinary Policy

Grievance Policy

Any concern about the way an injury has been handled needs to be directed to the Head Athletic Trainer. If a resolution cannot be made, the concern needs to be presented to the Athletic Director.

Disciplinary Policy

If a Staff member or Athletic Training Students (ATS) fails to follow rules, policies, or code of conduct and/or code of ethics, he/she will be subject to disciplinary action. Furthermore, all staff and students are expected to comply with Graceland University Social Regulations stated in the Academic Catalog. This policy is not all encompassing, therefore some circumstances may warrant special consideration. Violations will be documented in writing with the staff or student's and supervisor's signature. The Head Athletic Trainer reserves the right to take the appropriate actions with the understanding that each incident is unique. It is to be understood that the disciplinary actions taken do not set precedence. Repeated offenses can result in suspension from the athletic training room or dismissal.

Emergency Action Plan

The following emergency action plan should be read and understood by all coaches, faculty, staff, administration, and students that will have direct contact with the athletic training and intercollegiate athletics program at Graceland University. This plan was designed as a reference should any emergency arise. In the case of an emergency, every effort should be made to follow the guidelines outlined in the proceeding emergency action plan. It is understood that every emergency is not the same, and actions may have to be taken beyond the scope of this plan to ensure the safety of those involved. In every circumstance it is necessary that all coaches, faculty, staff, administration, and applicable students remain calm and act prudently in the case of an emergency to ensure the safety of the individual(s) involved, as well as fellow competitors and spectators.

Emergency Telephone Locations:

Bruce Jenner Sports Complex-	in press box and athletic training room
Football Practice Field-	in athletic training room
North Park Fields -	in pool office
Soccer Complex-	in soccer press box
Intramural Fields-	Cell Phone needed

Emergency Telephone Numbers:

Ambulance/Police/Fire	911
Decatur County Hospital	(641) 446-4871
Lamoni Clinic	(641) 784-3371

Emergency Guidelines:

1. The ATC will be the primary care giver. In absence of ATC, the Coach is the caregiver.
2. The caregiver will designate someone to call 911. The involved individual(s) should be continually monitored and is (are) not to be left alone unsupervised. The following should be given to the dispatcher:
 - a) Is the athlete conscious, breathing, or have a pulse.
 - b) Detailed information regarding the nature of the injury.
 - c) Exact location of the injured.
 - d) Exact location of where the ambulance should arrive.
3. The caregiver will designate someone to stand at the venue entrance to direct the ambulance.
4. The head athletic trainer and athletic director should be notified immediately after 911 is dispatched and there is no longer any danger to the involved. This notification may best take place once the involved is (are) stabilized by paramedics. **AD Jeff Falkner cell 270-22-2458**
5. At all times the integrity or the safety of those around should be ensured. An individual designated by the care giver should control any crowd or distressed athletes that may compromise the safety of the scene.
6. After transport of the injured athlete, the ATC should remain at the scene to ensure the safety and supervision of the remaining athletes. Someone with the authority to represent the University and the athlete officially should accompany or immediately follow the injured party to the hospital. In the event of an athletic injury a coach should follow the ambulance. It will be the responsibility of the caregiver to assure this occurs. If anyone witnessing the event should become seriously distressed, the individual should be referred to the proper support services.

7. The Dean of Students should be notified by phone about the details of the incident. **Marian Killpack – cell 641-445-6884**

Ambulance Directions:

Closson Fieldhouse/FB Practice Field:

The ambulance should be directed to the **south parking lot** of the Closson Fieldhouse. Tell the dispatcher to use the South Cherry street entrance. There is direct access to the football practice field and fieldhouse from the south side. For the Closson Fieldhouse, emergency personnel should be directed through the double doors located near courts three and four.

Bruce Jenner Sports Complex and Varsity Soccer Fields:

The ambulance should be directed to the **north track entrance** on University Avenue. Emergency personnel should then be directed to the injured athlete.

Soccer Practice Fields:

A designated person should be located at the **east entrance** of university. The ambulance should be directed to the appropriate soccer field. The east fields are next to South Smith Street and the west fields are next to University Avenue

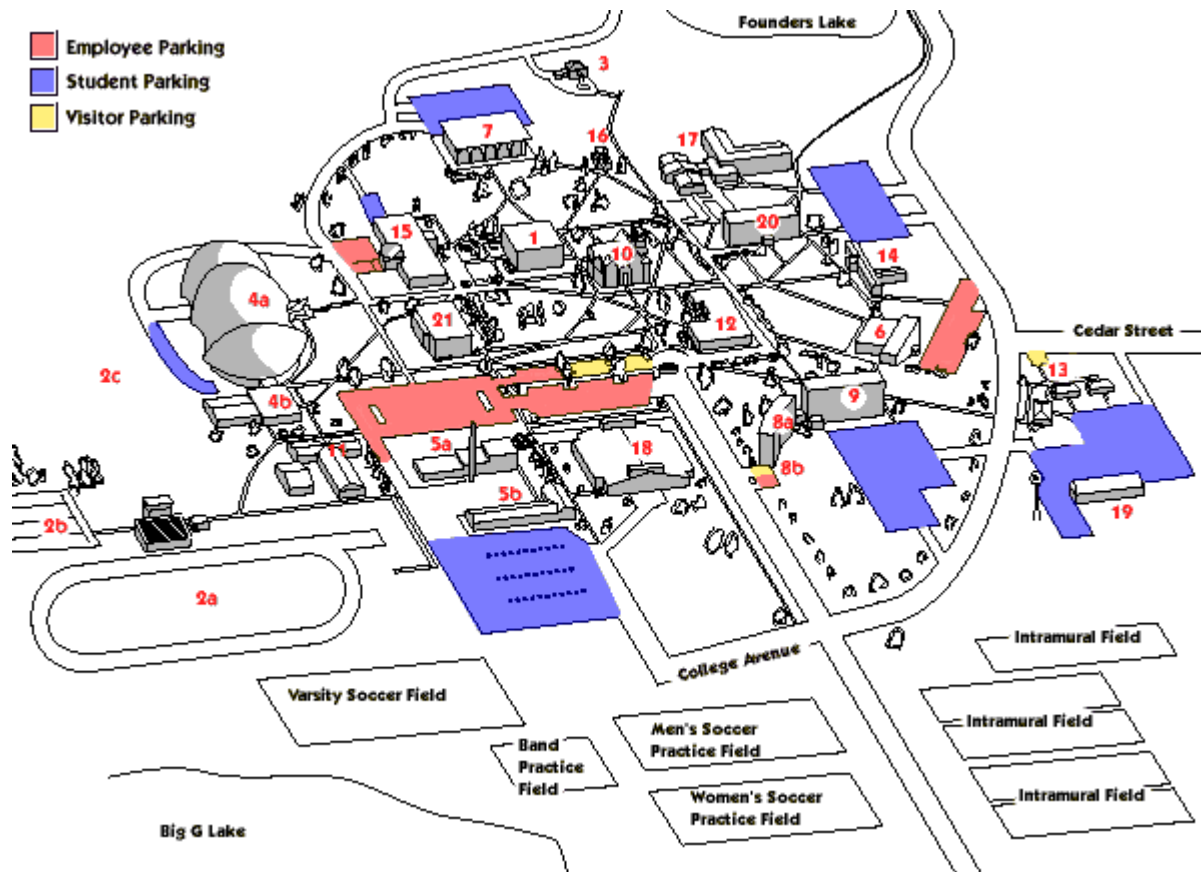
North Park Fields:

A designated individual should be located at the **south entrance** of the park. This is the end of North Linden Street. The ambulance should be directed to the to the appropriate field.

Hospital Directions

Turn **L** on **MAIN ST** - go **1.2** mi
MAIN ST becomes **US-69** - go **1.7** mi
Turn **L** onto **I-35 NORTH** - go **8.2** mi
Take exit **#12** toward **MOUNT AYR/LEON** - go **0.4** mi
Turn **R** on **IA-2** - go **4.4** mi
IA-2 becomes **W 1ST ST[US-69]** - go **0.5** mi
Turn **L** to follow **US-69** - go **< 0.1** mi
Arrive at **145 NW CHURCH ST, LEON**, on the **R**

Athletic Complex and Facilities Map



2. Bruce Jenner Sports Complex

- a. Athletic Field
- b. McKain Tennis Courts
- c. Practice Fields

4. Eugene E. Closson Physical Education Center

- a. Field House
- b. Swimming Pool and Classrooms

Lightning Policy
HAAC Inclement Weather Policy
Adopted from the NAIA Inclement Weather Guideline

The NAIA certified athletic trainers are committed to providing the best environment for safe competition. A means of providing this environment is the development of a inclement weather guideline for outdoor events. By establishing such guidelines, each member institution ensures the safety of all student-athletes, coaches, medical staff, support staff, and spectators both at home and away events within the NAIA

Activation Plan

- I. In the event of bad weather an ATC will make sure the lightning detector is outside.
- II. In the event that lightning is detected within the 3 to 8 miles range practices and events will be cancelled.

It is recommended:

- I. Monitor weather conditions and be ready to activate the Chain of Command
- II. When thunder or lightning is observed, suspend activities with a Flash to Bang count of 30 seconds or less. (when the storm is 6 miles away).
To use the Flash to Bang count, count the seconds from the time lightning is sighted to when the clap of thunder is heard. Divide the number by 5 to obtain how far away (in miles) the lightning is occurring. (Ex: 20 second count= 4 mile distance: 25 secs. = 5 mile distance.)
- III. If sky scan is available, when lightning is a distance of 8-20 miles, warning will be given that Appropriate measure may have to be taken. When lightning is detected at 3-8 miles, immediate action will be taken.
- IV. Leave the athletic fields and seek safe shelter areas – IMMEDIATELY
Safe shelter areas:
 - enclosed buildings, not dugouts unless no other possibilities
 - fully enclosed metal vehicles with windows up
 - low ground areas (ex: bottom of hill, clumps of bushes, ect.) as a last resortUnsafe shelter areas:
 - open fields
 - golf carts/gators
 - metal bleachers (on or under them)
 - fences
 - umbrellas, light poles, flag poles
 - tall trees
 - pool of standing waterAvoid the following activities:
 - showers
 - telephones (except cellular)
 - use of electrical outlets/machines (ex: hair dryers, computer, TV/VCR, fax)If you feel your hair standing on end, and/or “crackling noises”- you are in lightning’s electric field. IMMEDIATELY assume a crouched position: arms around knees, head tucked, and only the balls of your feet touching the ground.
- V. Resume activity 30 minutes from the last sight of lightning and sound of thunder.
- VI. Activate the emergency action plan if someone is struck by lightning.

A person struck by lightning does not carry an electrical charge; immediately initiate the emergency action plan begin the primary survey.

Heat Index Policy

The athletic training staff will measure the universal wet bulb globe temperature (WBGT), before practice. WBGT is calculated from relative humidity, temperature and radiant heat from the sun. The index will be applied to the table below and recommendations will be given to the coaching staff.

WBGT Reading	Actions Taken
< 84	Activity and Breaks as Normal
85 – 88	Frequent Hydration. 5min break every 20min of activity. Ice Towels.
88 – 90	Continued Hydration. 5min break every 15min of activity. Football: NO helmets OR shoulder pads. Consider changing practice time.
> 90	No practice

*Courtesy of the University of North Carolina – Athletic Department, Football Office; 2001

Summer Camp Policy

Graceland University Athletic Training Room is closed during the summer, so if you would like camp coverage you can choose from the following options.

Certified Athletic Trainer in the Athletic Training Room - 20.00/hour.
Certified Athletic Trainer on-site during the camp – \$25.00/hour

Supplies used by the campers will be charged to the camp at its conclusion. Water coolers will be made available for check out from the athletic training room for camps use. It will be the camps responsibility to fill coolers and provide cups or water bottles.

DISINFECTION PROTOCOL

To Temporary Disinfect

Spray with 10 part water 1 part bleach (10:1) and wait for 30 seconds

To Disinfect Water Bottles and Lids

Soak in 10:1 bleach water for 10 minutes, allow to air dry.

To Disinfect Coolers

Spray with 10:1 bleach water and wait for 10 minutes.

To Disinfect Floor

Spray with 10:1 bleach water and wait for 30 seconds.

American Red Cross CPR Instructors Guide of May 2002

Work -Study

There are 5 different types of work study positions available in the athletic training room. Students may be eligible for 5 hours of work-study money per week. You may sign up for these positions in the Head Athletic Trainer's office.

First aid

Students may be eligible for 5 hours of work-study money per week.

Qualification: must have a current American Red Cross first aid and professional rescuer card.

Job Description: to provide first aid services, as defined by the American Red Cross, for all campus students during hours the Athletic Training Room is closed. These hours are to be kept on a time card and are at no time part of the ATM.

Administrative Assistant

Student may be eligible for 5 hours of work-study money per week.

No qualifications are required.

Job Description: filing and maintaining paperwork and cleaning the Athletic Training Room. These hours are not part of the ATM.

Managers

Students may be eligible for 5 hours of work-study money per week.

Qualification: must be able to apply preventative taping.

Job Description: travel with teams, taping athletes before a game and providing water during the game. These hours are not part of the ATM.

Media Relations

Student may be eligible for 5 hours of work-study money per week.

Qualification: writing skills and experience with web design.

Job Description: Coordinate, upkeep, and compose information for the web page.

Recruiting Coordinator

Student may be eligible for 5 hours of work-study money per week.

Qualification: Superior communication and organization skills. Must be accepted into the athletic training major and knowledgeable of the admissions process.

Job Description: Communicate with the admissions about potential students, call recruits, and set-up campus visits.

Exposure Control Plan

I. Exposure Determination

The athletic training staff will have occupational exposure, when attending to injured athletes and cleaning after accidents. Coaches, in the absence of an athletic trainer may also run the risk of occupational exposure by coming in contact with an injured athlete or contaminated equipment.

Students that work in the athletic training room and the equipment room run the same risks as the athletic training staff and coaches.

II. Control Methods

A. Universal precautions will be used in the athletic training room and any athletic setting. Unless they contain obvious blood, nasal secretions, sputum, sweat, tears, or vomitus need not be treated with universal precautions that are listed below:

1. Routine use of barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated. Gloves should be worn for touching blood, bloody fluids, mucous-membrane, or non-intact skin of all athletes, and handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each student-athlete. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. Surfaces contaminated with blood should be cleaned with a solution made from a 1:10 dilution of a bleach solution.
4. Precautions should be taken to prevent injuries caused by needles, scalpels, and other sharp instruments. All sharp objects used should be put in a sharps container immediately after use.
5. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, breathing barriers should be available.
6. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care until the condition resolves.
7. Soiled linen should be bagged and washed in hot water with detergent.
8. In the athletic environment, universal precautions should be considered in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing bodily fluids.

B. Engineering Controls

There shall be puncture-resistant sharps containers as well as red, biohazard bags in the athletic training room to minimize exposure to blood and or other infectious materials. In addition, biohazard bags shall be placed in all first aid kits for travel. Full biohazard bags and sharp containers shall be taken by an ATC to student health services. The Nurse will take the biohazard material to Decatur Medical Services. GRP and Associates picks up the material and disposes of it properly.

C. Work Place Controls

1. After wearing latex gloves for infectious material control, hands shall be washed.
2. As soon as possible after treatment, gloves, ventilation devices, or personal protective equipment shall be properly disposed of in a biohazard bag.
3. Used scalpel blades should be placed in a sharp container and not re-sheathed by hand.
4. Latex gloves shall be applied before any treatments of wounds.

D. Personal Protective Equipment

1. There shall be latex and nitrile gloves available in the athletic training room and first aid kits.
2. There shall be CPR plastic barriers available in the athletic training room and first aid kits.
3. Eye protection and gowns are also stored in the athletic training room.

E. House Keeping

1. All laundry (such as towels and uniforms) that is contaminated will be put into biohazard bags and given to an equipment manager for appropriate care. This will prevent the risk to laundry workers.
2. Disinfectant (kept in the athletic training room and on the home bench for games) shall be applied to any surfaces that have been contaminated.

III. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up

A. Athletic training students will have the hepatitis vaccination program explained to them before they start working in the athletic training room. The vaccination is available through the universities student health center, with the student responsible for the costs. If an athletic training student elects not to have the hepatitis vaccination, he/she shall sign a waiver releasing Graceland University, the athletic department, and all employees thereof of any responsibility.

IV. Post-exposure Evaluation and Follow-up

A. Following an exposure incident; exposure being defined by OSHA as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Graceland University shall make a confidential medical evaluation, blood testing, and follow-up available to the exposed individual(s).

- B. The Head Athletic Trainer shall document the route of exposure, HBV and HIV status of the source, if known, and the circumstances under which the exposure occurred. The information will be put on the Exposure Incident Form and a copy will be sent to Human Resources. The student will be sent to student health services.
- C. The Head Athletic Trainer shall notify the source patient(s) of the incident and attempt to obtain consent to collect and test the source's blood for pathogens.
- D. Graceland University shall offer repeat blood testing to exposed individuals at 6 weeks, 12 weeks, and 6 months.
- E. Follow-up of exposed individual(s) shall include: counseling, medical evaluation of any acute febrile illness occurring within twelve weeks of exposure, and use of safe effective post-exposure measures according to recommendations for standard medical practice

V. Infectious Waste Disposal

- A. Infectious waste will be put in red plastic bags. These bags are located in the athletic training room, first aid kits, and in the Closson Center during events.
- B. A sharps container is located next to the sink in the athletic training room.
- C. Full biohazard bags and sharp containers shall be taken by an ATC to student health services. The Nurse will take the biohazard material to Decatur Medical Services. GRP and Associates picks up the material and disposes of it properly.
- D. Facility services will inform its employees of the hazardous material in the athletic training room. The Head Athletic Trainer will inform the coaches of the same information.

VI. Housekeeping Practices:

- A. Treatment tables and whirlpools will be disinfected daily.
- B. Blood spills will be sprayed with a 1:10 bleach and water solution.
- C. Towels should be put in a biohazard bag. Uniforms that are to be turned into be washed must be placed in a biohazard bag.
- D. Gloves should be applied before anyone starts to clean.

VII. Training and Education of Employees

- A. All students and Graceland University employees that work in the athletic training room and equipment room shall watch the American Red Cross Preventing Disease Transmission video and then find and identify the protective, cleaning, and disposal equipment in the athletic training room, needed for handling blood spills. Students who have completed this program will have it recorded and placed in their folder.
- B. The HBV vaccination will be reviewed after the viewing of the ARC video.
- C. A copy of the Exposure Control Plan will also be given to them upon completion of the training.

Appendices

**Graceland University
Sports Medicine
Athletic Injury Report**

Athletes Full Name _____ Social Security No. _____

Campus Address _____ Campus Phone _____

Age of Athlete _____ Date of Birth _____ Sex _____ Sport _____

Date of Injury _____ Time _____ am/pm Date reported _____

Facility where injury occurred _____ Name of supervising coach _____

Nature of injury: Acute Chronic Reinjury

Activity: Competition Practice Informal Training Not Sport Related

Location of injury: Left Right Both

Body part injured: _____

H: _____

O: _____

P: _____

S: _____

Type of Injury: _____

Treatment Plan: _____

Referral: Yes No Physician: _____ Date of Appointment: _____

Status: Full Participation Limited As Tolerated Out

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Graceland University

Physician Referral Form

Name: _____ Sport _____

Date of Injury: _____ Nature of Injury: _____

Current Treatment:

Physician's Name: _____

Physician Notes:

Treatment:

Ice Heat Stim Ultrasound

Iontophoresis Whirlpool ROM

Exercises:

Practice: Full Half speed None

Does the athlete need a second visit? Yes No

Physician's Signature _____ Date: _____

Exposure Incident Form

Name: _____

Date: __/__/____

Social Security Number: __/__/____

DOB: __/__/____

Home Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

School: _____ Supervising ATC: _____

Location of Incident: _____

Describe Incident:

Was the Nurse Notified? Yes ___ No ___ NA ___

Treatment

Provided: _____

Followup: _____

Recorder

Signature: _____

Exposed

Signature: _____

Date Recorded: __/__/____

Nurse

Signature: _____

Form Submitted: __/__/____

**Graceland University
Sports Medicine**

Graceland University
1 University Drive
Lamoni, IA 50140
PH: (641)-784-5392
Fax: (641)-784- 5039

I _____ ssn _____ -DOB _____ give permission to
release all my medical records to Graceland University's Athletic Training Staff. Please
fax or mail the medical records as soon as possible.

Signed _____ Date _____

PARENT INFORMATION FORM

Graceland University: 2009-2010

**FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS.
NOTE: Complete all blanks. If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).**

I. Name of Athlete: _____ Sport: _____
Social Security #: _____ Date of Birth: _____
College Address: _____ Phone: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

II. Father/Guardian: _____ Mother/Guardian: _____
Social Security #: _____ Social Security #: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

III. Employer: _____ Employer: _____
Telephone: _____ Telephone: _____

IV. Medical Insurance Company or Plan: _____ Medical Insurance Company or Plan: _____
Address: _____ Address: _____
Policy Number: _____ Policy Number: _____
Phone Number: _____ Phone Number: _____

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) Yes _____ No _____
Is pre-authorization required to obtain treatment. Yes _____ No _____
Does your insurance or plan require a second opinion before surgery? Yes _____ No _____

I hereby authorize Graceland University to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and /or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original.

We authorize that the college/university or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the college/university.

Parent's Signature: _____
Student's Signature: _____

Release and Waiver of Liability

I, the undersigned, in consideration for being allowed to participate in certain extracurricular or intramural activities at Graceland University, do hereby agree to the following terms and conditions:

1. I certify that I have answered all questions on the Health History Questionnaire truthfully and honestly.
2. **I ACKNOWLEDGE THAT CERTAIN ACTIVITIES MAY SUBJECT ME (OR MY CHILD) TO PHYSICAL RISKS AND DANGERS, AND THAT GRACELAND UNIVERSITY HAS TAKEN RESPONSIBLE AND SIGNIFICANT STEPS TO OFFER THIS ACTIVITY WITH PROFESSIONAL SUPERVISION AND TRAINING. DESPITE ANY SUCH POSSIBILITY, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND FOREVER HOLD HARMLESS GRACELAND UNIVERSITY, THE COMMUNITY OF CHRIST, ITS AFFILIATES, AGENTS, ASSIGNS OR EMPLOYEES, FROM ANY INJURY, AGGRAVATION OF, OR INJURY SUSTAINED DUE TO ANY PRE-EXISTING CONDITION OR DEATH WHICH I (OR MY CHILD) MIGHT SUFFER AS A RESULT OF PARTICIPATING IN THESE ACTIVITIES.**
3. I understand that passing the physical examination does not necessarily mean that I am physically qualified to participate in these activities, but only that the medical examiner did not find any reason to disqualify me from doing so.
4. I understand that I must refrain from practices or games during medical treatment until such time as I am discharged from treatment by Athletic Trainers or other qualified health care providers.
5. I understand that in the course of their activities, Graceland University's Athletic Trainers and student athletic trainers may review this questionnaire, physically examine me, and if necessary, consult my medical records to determine any sports injury or illness which might interfere with my ability to participate in such activities.
6. I understand and accept the risks inherent in participating in these activities, and certify that I shall do my best to reduce such risks by being in the best possible condition and following the advice of my attending physician, athletic trainer or other health care provider concerning the prevention, treatment and rehabilitation of injuries.
7. I will promptly notify appropriate health care providers of any changes in my health status, including but not limited to injuries or illnesses.
8. I grant permission to the Athletic Trainers or other appropriate health care providers to hospitalize and/or secure medical treatment for any injuries I may incur as a result of my participation in these activities. If I am under 18 years of age, my undersigned parent or guardian hereby grants such permission.
9. I hereby grant the Athletic Trainers and/or other appropriate health care providers my permission to release any information concerning my injuries or illnesses or other pertinent health information to appropriate persons, including but not limited to each other, my parents or my athletic coaches.

I understand that I must have athletic injury/accident insurance effective as of August 12, 2009 in order to participate in these activities. Any lapse in insurance will result in my being prohibited from participating in such activities.

The following criteria must be met before the Graceland University athletic medical insurance policy can be considered:

1. The athlete and/or parent must authorize the doctor's visit with Graceland's Athletic Trainer(s). (Those who fail to meet Criteria 1 will be responsible for the medical expenses incurred during that visit.)
2. You must follow the procedures of acquiring medical care as stipulated by your insurance company.
3. You must submit any bills within one year of the injury for possible coverage under Graceland's secondary athletic medical insurance policy.
4. You must see a physician within 90 days of the injury date.

Once your insurance has made payment you will need to send the following items to the athletic training room at Graceland University for possible payment by Graceland's athletic medical insurance:

1. Itemized bill from the visit(s)
2. The explanation of benefits (EOB) notice from your primary carrier
3. A completed and signed insurance claim form

I HAVE READ THE ABOVE AND BACK, I UNDERSTAND ITS TERMS AND CONDITIONS, AND I KNOWINGLY AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY.

Date

If under 18 years of age, parent or guardian signature: _____

Signature of Participant

Parent or Guardian

Personal Information

Name _____ Male _____ Female _____

Date of Birth _____ Sport _____

General Physical	Freshman		Sophomore		Junior		Senior	
	Date		Date		Date		Date	
Height								
Weight								
Vision	R	L	R	L	R	L	R	L
Blood Pressure								
Pulse								
HGB								
Urine	SpGr		Leuk		Prot		Bld	
	Ph		Nit		Gluc			
	Norm.	Abn.	Norm	Abn	Norm	Abn	Norm	Abn
Eyes								
ENT								
Neck								
Lungs/Chest								
Heart								
Abdomen								
GU								
Neurological								
Lymphatic								

Comments:

Recommendations For Intercollegiate Athletics

Unlimited _____ Limited _____ No Participation _____

Physician's Signature _____

Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ Limited _____ No Participation _____

Physician's Signature _____

Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ Limited _____ No Participation _____

Physician's Signature _____

Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ Limited _____ No Participation _____

Physician's Signature _____

Date _____

Orthopedic Exam	Freshman	Date	Soph.	Date	Junior	Date	Senior	Date
	ROM	Stren.	ROM	Sren.	ROM	Stren.	ROM	Stren.
Head and Neck								
Shoulders								
Elbows								
Wrist/Hands								
Spine								
Plevis/Hips								
Knees								
Ankles								
Feet								

Comments:

List Current Medications and reason for taking them:

Have you ever had a concussion:

Do you wear contacts:

List any surgery you have had.

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature _____ Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature _____ Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature _____ Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature _____ Date _____

Athletic Training
Graceland University
1 University Place
Lamoni, IA 50140

Dear Parent and Student Athlete,

You are receiving this letter because you have incurred a medical expense from a doctor's visit due to an injury sustained while participating in an intercollegiate sporting event or practice. Graceland University provides secondary insurance to athletes that are injured during practice or games. Your insurance will be the primary payer, any remaining expenses may be covered by Graceland's secondary athletic medical insurance.

The following criteria must be met before the Graceland University athletic medical insurance policy can be considered:

5. The athlete and/or parent must authorize the doctor's visit with Graceland's Athletic Trainer(s). (Those who fail to meet Criteria 1 will be responsible for the medical expenses incurred during that visit.)
6. You must follow the procedures of acquiring medical care as stipulated by your insurance company.
7. You must submit any bills within one year of the injury for possible coverage under Graceland's secondary athletic medical insurance policy.
8. You must see a physician within 30 days of the injury date.

Once your insurance has made payment you will need to send the following items to the athletic training room at Graceland University for possible payment by Graceland's athletic medical insurance:

4. Itemized bill from the visit(s)
5. The explanation of benefits (EOB) notice from your primary carrier
6. A completed and signed insurance claim form (green & white form enclosed)

The athlete and/or parent must have met all 4 criteria for payment and forwarded the three above items to Graceland Athletic Training, at the address listed above, before we can submit the bill to our insurance company for review. If the above criteria and items are not met or received by the billing agency promptly (usually 90-120 days) the athlete and/or parent may risk being sent to collections. Our insurance will only pay reasonable and customary charges, so there may be some bills left that will be the responsibility to you. To avoid any complications and to facilitate payment, please follow the instructions in this letter. If you have any questions or concerns please give us a call at the number(s) listed below.

Thank you,

I _____, have read and understand the letter describing how medical bills are paid.

Signed _____ Date _____

Graceland University Athletic Training
Equipment Checkout

Name: _____

Phone: (____) ____ - ____

Equipment:

- ACE wrap Quant. ___ Item # _____
- Crutches Quant. ___ Item # _____
- Theraband Quant. ___ Item # _____
- Cryo-Cuf Quant. ___ Item # _____
- Brace Quant. ___ Item # _____ Type: Ankle Knee Elbow Back Shoulder
- Sleeve Quant. ___ Item # _____ Type: Thigh Knee Elbow Forearm
- Other: _____

Reason for need: _____

Check out Date: ___/___/_____

Student Signature: _____

ATC Signature: _____

Date Returned: ___/___/_____

Student Signature: _____

ATC Signature: _____

All equipment should be checked out by a supervising ATC and filed in the student-athlete's file. All items returned must be returned to and signed in by the ATC whom checked out the equipment originally. Any items not returned or damaged by the student will be charged to the student's account for replacement cost.

**Graceland University
Sports Medicine
Professional Conduct Report**

Name: _____ Date: _____

Kudos Inappropriate

Incident:

I acknowledge this incident occurred and agree with what is stated above.

Student signature _____ Date: _____

Athletic Trainer _____ Date: _____

Current Coverage Model

Coverage	Fall	Winter	Spring
ATC at practice and home events	Football Men's Soccer Women's Soccer Women's Volleyball	Men's Basketball Women's Basketball Indoor Track(M/W) Men's Volleyball	Baseball Softball Football Outdoor Track(M/W)
ATC at home events	Tennis (M/W) Cross Country(M/W) JV Football JV Men's Soccer JV Women's Soccer JV Women's Volleyball JV Women's Volleyball2	JV Men's Basketball JV Women's Basketball JV Men's Volleyball	Tennis(M/W) JV Baseball
No Coverage	Men's Basketball Women's Basketball JV Men's Basketball JV Women's Basketball JV Men's Volleyball Men's Volleyball Baseball JV Baseball Softball Golf(M/W) Indoor Track(M/W) Outdoor Track(M/W) Cheer Dance	Football JV Football Volleyball JV Women's Volleyball JV Women's Volleyball Baseball JV Baseball Softball Men's Soccer Women's Soccer JV Men's Soccer JV Women's Soccer Golf(M/W) Cheer Dance	JV Football Men's Soccer Women's Soccer JV Men's Soccer JV Women's Soccer Golf(M/W) Cheer Dance Men's Basketball Women's Basketball JV Men's Basketball JV Women's Basketball JV Men's Volleyball Men's Volleyball Women's Volleyball JV Women's Volleyball JV Women's Volleyball2