

## Athlete Registration Form

*All new & returning student-athletes must complete this form completely and return to the Athletic Training Room*

### Student-Athlete Information

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

\_\_\_\_\_  
Last Name First Name Middle Name Sport

☐ 5<sup>th</sup> year ☐ Senior ☐ Junior

☐ Sophomore ☐ Freshman

Eligibility

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone

☐ Female ☐ Male  
Gender

\_\_\_\_\_  
Primary Address City State Zip Code Country

\_\_\_\_\_  
Family Physician First Name

\_\_\_\_\_  
Family Physician Last Name

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Telephone Number

### Primary Emergency Contact

\_\_\_\_\_  
Parent/Guardian First Name

\_\_\_\_\_  
Parent/Guardian Last Name

☐ Father ☐ Mother

☐ Self ☐ Other:

\_\_\_\_\_  
Relationship to Athlete

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Date of Birth

\_\_\_\_\_  
Parent/Guardian Address City State Zip Code Country

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cellular Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Work Phone

\_\_\_\_\_  
Email Address

### Secondary Emergency Contact

[To be filled in by Certified Athletic Trainer]

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Office Phone:

### Parental Responsibility

By signing below, I acknowledge that I have read and understand *"The Policy on University and Parental Responsibility to Injured Athletes."* I acknowledge that I am responsible for having the correct and current insurance information filed with Vanderbilt Sports Medicine.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# Vanderbilt Sports Medicine

Medical Record Number

For Office Use Only

Student Athlete Full Name

## Primary Insurance Information

Name of Insured	Date of Birth	Social Security Number	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Self <input type="checkbox"/> : Relationship to Athlete <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Other: Type
Primary Insurance Company Name	Effective Date		
Primary Insurance Address	City	State	Zip Code ( ) - Phone
Subscriber ID	Group/Policy Number	Plan Number	
Employer Address	City	State	Zip Code ( ) - Phone

Attach copy of **Primary insurance** card  
(front side)

Attach copy of **Primary insurance** card  
(back side)

## Prescription Insurance Information

Prescription Insurance Company Name	( ) - Prescription Insurance Company Phone	
RxBin	RxPlan/RxPCN	RxGroup
Issuer	ID	Name

Attach copy of **Prescription insurance** card  
(front side)

Attach copy of **Prescription insurance** card  
(back side)

# Vanderbilt Sports Medicine

Medical Record Number

For Office Use Only

Student Athlete Full Name

## Secondary Insurance Information

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
Secondary Insurance Company Name \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Secondary Insurance Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone \_\_\_\_\_  
Subscriber ID \_\_\_\_\_ Group/Policy Number \_\_\_\_\_ Plan Number \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone \_\_\_\_\_

☐ Father ☐ Mother  
☐ Self ☐ \_\_\_\_\_  
Relationship to Athlete  
☐ HMO ☐ PPO ☐ POS  
☐ Other: \_\_\_\_\_  
Type

Attach copy of **Secondary insurance** card  
(front side)

Attach copy of **Secondary insurance** card  
(back side)

## Dental Insurance Information

Dental Insurance Company Name \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Dental Insurance Company Phone \_\_\_\_\_  
Subscriber ID \_\_\_\_\_ Group Number \_\_\_\_\_ Plan Number \_\_\_\_\_

Attach copy of **Dental insurance** card  
(front side)

Attach copy of **Dental insurance** card  
(back side)

## Vanderbilt Student-Athlete Travel Information and Emergency Contact

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

\_\_\_\_\_  
Last Name First Name Middle Name Sport

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Cell Phone

☐ Female ☐ Male  
Gender

\_\_\_\_\_  
Primary Address City State Zip Code Country

### Primary Emergency Contact

(In the Event of Emergency 1<sup>st</sup> person we should try to contact.)

(If you are an international student you MUST provide a US Resident as a primary or secondary emergency contact.)

☐ Father ☐ Mother

☐ Self ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact First Name Emergency Contact Last Name Relationship to Athlete

☐ Check if address is same as above

\_\_\_\_\_  
Emergency Contact Address City State Zip Code Country

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Home Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Cellular Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Work Phone

### Secondary Emergency Contact

☐ Father ☐ Mother

☐ Self ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact First Name Emergency Contact Last Name Relationship to Athlete

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Home Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Cellular Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Work Phone

### Primary Insurance Information

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

☐ Father ☐ Mother  
☐ Self ☐ Other: \_\_\_\_\_  
Relationship to Athlete

\_\_\_\_\_  
Primary Insurance Company Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Effective Date

☐ HMO ☐ PPO ☐ POS  
☐ Other: \_\_\_\_\_  
Type

\_\_\_\_\_  
Primary Insurance Address City State Zip Code (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone

\_\_\_\_\_  
Subscriber ID Group/Policy Number Plan Number

Attach copy of Primary Insurance Card

(Front)

Attach copy of Primary Insurance Card

(Back)

# Vanderbilt Sports Medicine

## **Policy on University and Parental Responsibility to the Injured Athlete**

As part of Vanderbilt University's commitment to offering one of the premier athletic programs in the country, the Department of Athletics and Department of Sports Medicine aspires to provide the finest medical care to its athletes. It is important that you and your son/daughter understand the extent of our medical coverage and the procedures which must be followed in the event of an injury or illness. The medical care of all sport-related injuries or illnesses is coordinated through the Vanderbilt Athletic Training Room in the Athletic Department of Vanderbilt University.

### **Please note the following important points:**

1. Vanderbilt University **requires that every student has health insurance**, family or individual, as part of his/her registration.
2. Your complete primary medical insurance information must be on file in the athletic training room. In fact, without this information on file, your son/daughter will not be allowed to practice or compete with the team. **Please complete the *Athlete Registration form with Parental Responsibility signature*. All student-athletes must complete the entire form each year.**
3. In the event of an **athletic** injury or illness, Vanderbilt's medical providers will bill your primary insurance directly from this information. **Please check with your current health insurance provider to insure coverage of your son/daughter while they are away at school.** You will need to check if there is out-of-state or out-of-network coverage available for non-emergent and/or emergent coverage. You may elect to purchase the Vanderbilt Student Insurance policy for additional coverage that your personal health insurance will not cover. You can review the school's policy and coverage at [http://www.vanderbilt.edu/student\\_health/student-health-insurance](http://www.vanderbilt.edu/student_health/student-health-insurance)
4. In the event that your medical coverage changes during the academic year, it is imperative you notify the athletic training room immediately. **\*\*Any bills incurred due to not registering insurance changes, will be the responsibility of the athlete and his/her family.\*\***
5. Vanderbilt's financial responsibility is limited to those cases in which medical care is **authorized** or recommended by our training room staff or team physicians. Approved medical costs associated with the injury/illness, in excess of the athlete's primary insurance coverage, will be covered by Vanderbilt University; such as, deductible costs or rejected claims during the period the student is enrolled.
6. In the event a student suffers a disabling injury that prevents the student-athlete from continuing his/her academic pursuits, **Vanderbilt University will provide disability payments for a time and amount specified in the current contract of insurance provided for this purpose by the University.** The term disabling injury shall include coma, spinal injury resulting in paralysis, total or partial loss of use of an extremity, and brain injury or that definition for such injury as may be set forth in the contract of insurance provided for these purposes.

# Vanderbilt Sports Medicine

7. Every incoming student-athlete will have a physical examination by the Vanderbilt Team Physicians. If a pre-existing illness or injury is detected, the Athletic Department will not cover its cost of treatment.
8. All treatment of injuries must be authorized or administered by Vanderbilt University. **Any outside treatment obtained by an injured athlete without authorization will not create entitlement to reimbursement from Vanderbilt University.**
9. An athlete injured in events or competition not conducted or sanctioned by the Intercollegiate Department of Athletics of Vanderbilt University is not eligible for continued assistance. To help clarify the extent of athletic coverage in cases that are not obviously associated with practice and competition, please consider the following examples:

Example A: Shoulder dislocation; off-season in weight room

Decision: **Athletic Injury**

Example B: Appendicitis at 8:00 p.m.; Emergency Room, hospitalization

Decision: **Private Bill**

Example C: Strep throat requiring antibiotic treatment; athlete is out of season

Decision: **Student-Health Center** care included as part of student registration.

**Prescription medication costs are the responsibility of the athlete or his/her family.**

Example D: Tooth knocked out during athletic practice. Dental work required.

Decision: **Athletic Injury**

We hope this information is helpful as you make plans for next year. Please feel free to call any of the phone numbers listed below if you have any questions. Injuries, illnesses and medical insurance policies and procedures can be complex. We look forward to working with your son/daughter and thank you for taking time to provide us with this medical information.

## Important Phone Numbers:

Tom Bossung	Head Athletic Trainer 615-322-4119 (O)	<a href="mailto:tom.bossung@vanderbilt.edu">tom.bossung@vanderbilt.edu</a>
Mollie Malone	Asst Athletic Trainer 615-343-7762 (O) Insurance Coordinator 615-343-2592 (F)	<a href="mailto:mollie.malone@vanderbilt.edu">mollie.malone@vanderbilt.edu</a>

**NCAA Banned Drugs and Medical Exceptions Policy**  
**Guidelines Regarding Medical Reporting**  
**for Student-Athletes with Attention Deficit Hyperactivity Disorder (ADHD)**  
**Taking Prescribed Stimulants**

The NCAA bans classes of drugs because they can harm student-athletes and can create an unfair advantage in competition. Some legitimate medications contain NCAA banned substances, and student-athletes may need to use these medicines to support their academics and their general health. The NCAA has a procedure to review and approve legitimate use of medications that contain NCAA banned substances through a Medical Exceptions Procedure. The diagnosis of adult ADHD remains clinically based utilizing clinical interviews, symptom-rating scales, and subjective reporting from patients and others. The following guidelines will help institutions ensure adequate medical records are on file for student-athletes diagnosed with ADHD in order to request an exception in the event a student-athlete tests positive during NCAA Drug Testing.

1. General considerations. Student-athletes diagnosed with ADHD in childhood should provide records of the ADHD assessment and history of treatment. Student-athletes treated since childhood with ADHD stimulant medication but who do not have records of childhood ADHD assessment, or who are initiating treatment as an adult, must undergo a comprehensive evaluation to establish a diagnosis of ADHD. There are currently no formal guidelines or standards of care for the evaluation and management of adult ADHD. The diagnosis is based on a clinical evaluation. ADHD is a neurobiological disorder that should be assessed by an experienced clinician and managed by a physician to improve the functioning and quality of life of an individual.
  - a. Student-athletes should have access to a comprehensive continuum of care including educational, behavioral, psychosocial and pharmacological services provided by licensed practitioners who have experience in the diagnosis and management of ADHD. Student-athletes treated with ADHD stimulant medication should receive, at a minimum, annual clinical evaluations.
  - b. Mental health professionals who evaluate and prescribe medical therapy for student-athletes with ADHD should have appropriate training and experience in the diagnosis and management of ADHD and should have access to consultation and referral resources, such as appropriate medical specialists.
  - c. Primary care professionals providing mental health services (specifically the prescribing of stimulants) for student-athletes with ADHD should have experience in the diagnosis and management of ADHD and should have access to consultation and referral resources (e.g., qualified mental health professionals as well as other appropriate medical specialists).
2. Recommended ways to facilitate academic, athletics, occupational and psychosocial success in the college athlete with adult ADHD taking prescribed stimulants include:
  - a. Access to practitioners experienced in the diagnosis and management of adult ADHD.
  - b. A timely, comprehensive clinical evaluation and appropriate diagnosis using current medical standards.

- c. Access to disability services.
  - d. Appropriate medical reporting to athletics departments/sports medicine staff.
  - e. Regular mental health/general medical follow-up.
3. Student-Athlete Document Responsibility. The student-athlete's documentation from the prescribing physician to the athletics departments/ sports medicine staff should contain a minimum of the following information to help ensure that ADHD has been diagnosed and is being managed appropriately (see Attachment for physician letter criteria):
- a. Description of the evaluation process which identifies the assessment tools and procedures.
  - b. Statement of the Diagnosis, including when it was confirmed.
  - c. History of ADHD treatment (previous/ongoing).
  - d. Statement that a non-banned ADHD alternative has been **considered** if a stimulant is currently prescribed.
  - e. Statement regarding follow-up and monitoring visits.
4. Institutional Document Responsibility. The institution should note ADHD treatment in the student-athlete's medical record on file in the athletics department. In order to request a medical exception for ADHD stimulant medication use, it is important for the institution to have on file documentation that an evaluation has been conducted, the student-athlete is undergoing medical care for the condition, and the student-athlete is being treated appropriately. The institution should keep the following on confidential file:
- a. Record of the student-athlete's evaluation.
  - b. Statement of the Diagnosis, including when it was confirmed.
  - c. History of ADHD treatment (previous/ongoing).
  - d. Copy of the most recent prescription (as documented by the prescribing physician).



5. Requesting an NCAA Medical Exception:

- a. The student-athlete should report the banned medication to the institution upon matriculation or when treatment commences in order for the student-athlete to be eligible for a medical exception in the event of a positive drug test.
- b. A student-athlete's medical records or physician's letter should **not** be sent to the NCAA, unless requested by the NCAA.
- c. The use of the prescribed stimulant medication **does not** need to be reported at the time of NCAA drug testing.
- d. Documentation should be submitted by the institution in the event a student-athlete tests positive for the banned stimulant.

Note: The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports may approve stimulant medication use for ADHD without a prior trial of a non-stimulant medication. Although the NCAA Medical Exception Policy requires that a non-banned medication be considered, the medical community has generally accepted that the non-stimulant medications may not be as effective in the treatment of ADHD for some in this age group.

## ATTACHMENT

### **Attention Deficit Hyperactivity Disorder (ADHD) Guideline Attachment**

**Criteria for letter from prescribing Physician to provide documentation to the Athletics Department/Sports Medicine staff regarding assessment of student-athletes taking prescribed stimulants for Attention Deficit Hyperactivity Disorder (ADHD), in support of an NCAA Medical Exception request for the use of a banned substance.**

The following must be included in supporting documentation:

- Student-athlete name.
- Student-athlete date of birth.
- Date of clinical evaluation.
- Clinical evaluation components including:
  - Summary of comprehensive clinical evaluation (referencing DSM-IV criteria) -- attach supporting documentation.
  - ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores and report summary -- attach supporting documentation.
  - Blood pressure and pulse readings and comments.
  - Note that alternative non-banned medications have been considered, and comments.
  - Diagnosis.
  - Medication(s) and dosage.
  - Follow-up orders.

Additional ADHD evaluation components if available:

- Report ADHD symptoms by other significant individual(s).
- Psychological testing results.
- Physical exam date and results.
- Laboratory/testing results.
- Summary of previous ADHD diagnosis.
- Other comments.

Documentation from prescribing physician must also include the following:

- Physician name (Printed)
- Office address and contact information.
- Specialty.
- Physician signature and date.

**DISCLAIMER:** The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.

**NCAA Medical Exception Documentation Reporting Form  
to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)  
and Treatment with Banned Stimulant Medication**

- Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Drug Testing Exceptions Procedures at [www.ncaa.org/drugtesting](http://www.ncaa.org/drugtesting)).

**To be completed by the Institution:**

Institution Name: \_\_\_\_\_

Institutional Representative Submitting Form:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Student-Athlete Name \_\_\_\_\_

Student-Athlete Date of Birth \_\_\_\_\_

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**To be completed by the Student-Athlete's Physician:**

Treating Physician (print name): \_\_\_\_\_

Specialty: \_\_\_\_\_

Office address \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician documentation (letter, medical notes) to include the following information:

- Diagnosis.
- Medication(s) and dosage.
- Blood pressure and pulse readings and comments.
- Note that alternative non-banned medications have been considered, and comments.
- Follow-up orders.
- Date of clinical evaluation: \_\_\_\_\_
- **Attach written report summary of comprehensive clinical evaluation:**
  - The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.
  - The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

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# Vanderbilt Sports Medicine

## Checklist for Annual Physical Information

*Returners*

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- ☐ Athlete Registration Form
- ☐ Signed Parental Consent after reading Parental Responsibility  
*(bottom of first page on Athlete Registration Form)*
- ☐ Copy of Primary Insurance Card—front and back
- ☐ Copy of Secondary Insurance Card—front and back
- ☐ Copy of Prescription Medication Insurance Card—front and back
- ☐ Copy of Dental Insurance Card—front and back
- ☐ ADHD Documentation *(if prescribed medication for this condition)*
  - ADHD Reporting Form included
  - Signed Letter from Treating Physician