



MIRACOSTA COLLEGE
EXPLANATION OF SCREENING PHYSICAL, TREATMENT CONSENT,
AND INSURANCE COVERAGE FORM

Please read the following information carefully. If you have any questions or do not understand any of the information, please ask the Athletic Trainer before signing.

EXPLANATION OF SCREENING PHYSICAL

I realize that the physical examination being done is ONLY a screening type examination to evaluate general health, to disclose existing defects, and to determine the athlete's dynamic ability to participate in a given sport, so that obvious conditions, which might be damaged or become aggravated by competitive sports, can be determined and evaluated to prevent injury.

TREATMENT CONSENT

I hereby grant to the team physician(s) at MiraCosta College, and those professional personnel designated by them, to treat me. This permission includes emergency surgery and admission to the hospital, as deemed necessary, in addition to medication injections, and physical therapy used as part of the treatment. I/we further agree to indemnify and hold harmless said parties from all claims hereafter made and asserted by or on behalf of the below named student, his or her parents, guardian(s), heirs, executors or assigns.

STATEMENT OF ATHLETIC INJURY INSURANCE COVERAGE

I understand that ANY COST, for medical expenses incurred as a result of accidental injury while participating in a scheduled intercollegiate activity, WILL NOT be paid under the accident insurance policy carried by MiraCosta College until ALL PAYMENT UNDER EXISTING POLICY COVERING SAID EXPENSES ARE EXHAUSTED. If no existing insurance policy is in effect, payment will be made according to the schedule of benefits of the MiraCosta College athletic accident policy. I further understand that FAILURE TO REPORT INJURIES TO MIRACOSTA COLLEGE ATHLETIC TRAINING PERSONNEL OR TO MEET SCHEDULED PHYSICIAN'S APPOINTMENTS may VOID MiraCosta College's responsibility and that coverage by MiraCosta College's insurance will cover injuries for 52 weeks from the date of the original injury only.

I authorize any hospital, trust fund, employer, insurance company or other person who has attended me, or any dependent, to disclose, when requested to do so by MiraCosta College's insurance carrier or team physician(s), any or all information with respect to any illness or injury, including but not limited to, medical history, consultation, prescriptions, treatments, and copies of all hospital or medical records.

I have read all of the above and fully understand its meaning.

 ATHLETE'S SIGNATURE

_____/_____/20_____
 TODAY'S DATE

 ATHLETE'S PRINTED NAME

_____/_____
 DATE OF BIRTH/AGE

 PARENT OR GUARDIAN SIGNATURE (if athlete is under 18 years old)