



FERRIS ISD ATHLETIC MEDICAL POLICIES

1. Financial Responsibility: The Ferris ISD Athletic Department provides supplemental athletic insurance for athletes for injuries that occur during UIL sponsored activities. The Athlete's family insurance will be the primary insurance and the athletic insurance is the secondary insurance. The Athletic Department and Ferris ISD recommends that each athlete have their own insurance. I understand that Ferris ISD provides supplemental insurance for my child while in athletics and that any financial balance for treatment of an injury sustained by my child will be my sole financial responsibility.

2. Emergency Care: The Ferris ISD Athletic Staff will summon emergency medical assistance in the event that the situation warrants that level of care or the emergency contacts listed are unavailable. The athletic staff will always make a reasonable attempt to contact listed emergency contacts prior to this level of intervention, as long as it does not interfere with the care being given to the injured student-athlete. The parent is responsible for any cost or damages as a result of any injury to your son/daughter while participating in school activities. The school district or representative of the school district will not be liable for the cost of this care or service.

3. Doctor and Parent Notes: If your child goes to the doctor for any reason, he/she MUST bring a note from the doctor to the Athletic Trainers or designated coach. The note should outline in detail the level at which the student-athlete can or cannot participate. If a note is not presented to the Athletic Trainer or coach, the Athletic Trainer will have discretion to determine level of participation for the athlete until note is provided. Parent notes are not accepted as an excuse for not participating in athletics (unless the parent is a licensed physician). The athletic trainers are employed by the district and credentialed to make those decisions. If you have a concern about your child's health/injury, please contact the athletic trainers. The athletic trainers can advise you under those circumstances, and help determine if a referral to an appropriate physician is needed.

4. Helmet Warning (football only): No helmet can prevent all head or neck injuries a player might receive while participating in football. Do not use your helmet to butt, ram or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis, or death to you and possibly injure an opponent. More safety information is available at NOCSAE. Helmets in the EM-S ISD carry this and/or other similar warnings.

5. Head Injuries: Consistent with Texas State Law, "House Bill 2038", ALL head injuries will be monitored by Ferris ISD Athletic Trainers according to the Ferris ISD Return to Play Protocol in conjunction with the UIL Concussion Management Protocol.

6. Injury Reporting: If you are hurt during a practice or game, please notify your coach or athletic trainer immediately. If the injury develops overnight, please notify your coach or athletic trainer as soon as possible. If you do not report an injury or show up for treatment, it will be assumed that you are ready and able to participate.



Ferris Sports Medicine



7. 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 the athletic trainers, team physicians, and athletic staff (including coaches) of the Ferris ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. 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 Ferris 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 Ferris ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.