

WEST VIRGINIA UNIVERSITY INTERCOLLEGIATE ATHLETICS

ACKNOWLEDGEMENT OF MEDICAL POLICIES

Medications

Policy: The West Virginia University Department of Intercollegiate Athletics is responsible only for medications prescribed by the WVU Medical Staff and University Health Service physicians, for conditions that effect performance during such competitive time that the student- athlete's coach is requiring him/her to be present only on a daily basis, or directly supervised workouts by strength and conditioning staff.

Will Not Cover: Examples which the policy will not be responsible for would include: prescriptions given for birth control, injectable allergy medication, and medication for sexually transmitted diseases.

Corrective Lenses

Policy: The West Virginia University Department of Intercollegiate Athletics is responsible for the payment of the initial eye examination, and subsequent glasses or contact lenses if the student-athlete is determined by the physician to need them for practice and/or competition.

Replacement: Contact lenses or glasses lost or broken during competitive athletics will be replaced by the athletic department. Lost or torn lenses must be reported that day to the athletic training staff or no replacement lens will be granted. Lenses that are torn or lost apart from athletic participation by the student-athlete will be the responsibility of the student-athlete.

Medical

1. Any injury incurred during organized practice, organized/supervised strength and conditioning practice, or competition while representing West Virginia University will be cared for by the West Virginia University Athletic Medical Staff (Doctors, and/or Athletic Trainers) and should be immediately referred thereto. Student-athletes are encouraged to acquire a current and thorough medical insurance policy for non-athletic injuries/illnesses. (Examples of what athletic insurance will not cover: appendectomy, tonsillectomy, ulcers, pregnancy, ovarian cysts, hereditary conditions, hospitalization for medical illnesses, pre-existing injuries, non-athletic injuries/illnesses, and automobile accidents.) Disqualification from participation in intercollegiate athletics at West Virginia University because of injuries or medical conditions not related to organized practice or competition is the prerogative of the West Virginia University Team Physicians.

2. Student-athletes desiring medical attention other than that provided by the West Virginia University Athletic Medical Staff for injuries occurring as described above may do so at their own expense. For athletic department insurance to be responsible for a second opinion, prior approval must be authorized by a West Virginia University Team Physician. Student-athletes who seek medical care other than through the West Virginia University Athletic Medical Staff must be cleared by a West Virginia University Team Physician prior to returning to active participation.

3. Insurance coverage provided by the West Virginia University Department of Intercollegiate Athletics is secondary; the student-athlete's personal health insurance is primary.

4. Medical abnormalities, existing prior to West Virginia University athletic competition, are the responsibility of the student-athlete and/or his/her family. Disqualification from participation in intercollegiate Athletics at West Virginia University because of said abnormalities are the prerogative of the WVU Team Physicians.

5. Dental injuries incurred while participating in an organized practice or competition for West Virginia University will be referred to the West Virginia University Dental Clinic in the same manner as for medical referrals. Routine dental care, cleaning, and fillings are NOT COVERED.

6. Injuries not reported to a West Virginia University athletic trainer within 72 hours after the injury is not the responsibility of the West Virginia University Department of Intercollegiate Athletics.

7. Any special circumstance will be reviewed for consideration by a medical policy committee.

I have read the Medical Policies for the WVU Department of Intercollegiate Athletics as state above in its entirety and I understand them fully. By signing this form, I agree to all the terms of this document.

Signature _____

Name: _____

Sport: _____

Date: _____