

PEARL RIVER  
**WILDCATS**  
ATHLETIC TRAINING

**NEW ATHLETE PHYSICAL PACKET**

Dear Parents and Student Athletes,

Enclosed you will find a packet of information that includes a medical history, waivers and insurance information forms which need to be filled out in their entirety. A copy of our policies and procedures has also been included to answer any questions you may have regarding the PRCC sports medicine program, medical insurance requirements, the payment of medical bills, etc. This is yours to keep. **Please send a copy (front and back) of your current medical insurance, dental insurance and prescription insurance cards. All student athletes are encouraged to have health insurance that covers intercollegiate athletics during their respective competitive season to participate in athletics at Pearl River Community College.**

Please take time to complete these forms, and send them to the address listed below. **The deadline for receipt of this packet is by your ROAR Session or when you come in for Physicals.** Once again, **we will not allow anyone to participate until all documentation is completed.**

Thank you for your prompt attention to this matter, and we look forward to seeing you this fall.

Sincerely,

Brandy Maulden, ATC  
Pearl River Community College Athletics  
Hwy 11 North, PO Box 5440  
Poplarville, MS 39470

Cody Shaw, ATC  
Pear River Community College Athletics  
Hwy 11 North, PO Box 5440  
Poplarville MS 39470  
(601)-403-1372



# Pearl River Community College

## ATHLETIC DEPARTMENT

Donna O. Herndon, Athletic Secretary/Athletic Insurance

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RE: Student/Athlete Injury Claims

Dear Parents:

When a student/athlete has been injured while participating in an intercollegiate sport here at Pearl River Community College, the following policy is used:

- Pearl River Community College is considered EXCESS or secondary of all other insurance coverage and claims must first be submitted to any other insurance. When the student/athlete's primary insurance has responded, all HCFAs, UBs, or other medical bills and copies of primary insurance must be mailed to our College Insurance.

I work with our Athletic Training Staff for submitting the "ICS Claim Form" to the provider of our Sports Accident Plan. These are the forms required for an injury:

- Relation Insurance Services "ICS Claim Form"
- Relation Insurance Services "HIPPA Authorization for Use and Disclosure of Information"
- PRCC Athletic Training "Injury Evaluation & Treatment Form"

You may contact our office if you have any further questions:

- PRCC Athletic Trainer, Brandy Maulden (601) 403-1372 [bmaulden@prcc.edu](mailto:bmaulden@prcc.edu)
  - PRCC Athletic Trainer, Cody Shaw (601) 403-1372 [cshaw@prcc.edu](mailto:cshaw@prcc.edu)
  - PRCC Filing of Claims, Donna Herndon (601) 403-1179 [dherndon@prcc.edu](mailto:dherndon@prcc.edu)
  - Relation Ins. Services, Janet Karaica (801) 412-2628
- Claim & Benefit Questions

Sincerely,

Donna O. Herndon,  
Athletic Secretary  
Athletic Injury Insurance Claims



Wildcat Athletics  
101 Hwy 11 North  
PO Box 5440  
Poplarville, MS 39470

Phone (601) 403-1179  
Fax (601) 403-1176  
Email [dherndon@prcc.edu](mailto:dherndon@prcc.edu)  
Web site [www.prcc.edu/athletics](http://www.prcc.edu/athletics)

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# PRE-PARTICIPATION PHYSICAL EVALUATION

## HISTORY FORM

(Note: this form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart)

Date of Exam \_\_\_\_\_

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Year/Class \_\_\_\_\_ School Pearl River Community College Sport(s) \_\_\_\_\_

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal & nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below and state reaction.  
 Medicines \_\_\_\_\_  Pollens \_\_\_\_\_  Food \_\_\_\_\_  Stinging Insects \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	YES	NO
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	YES	NO
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	YES	NO
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "YES" answers here. Write number and explain.

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*I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.*

Signature of athlete: \_\_\_\_\_ Signature of parent/guardian (If athlete is under 18) \_\_\_\_\_

Date \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

Athlete's Name: \_\_\_\_\_ Sports(s): \_\_\_\_\_  
(Last) (First) (Middle) (Preferred name)

Social Security No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Age Sex Race

Classification: Freshman Sophomore

e-Mail Address(es): \_\_\_\_\_

Local Apartment, Address, Dormitory, etc. \_\_\_\_\_ Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>I. Person to notify in case of an Emergency:</b>		Relationship:	
Address: _____			
		<small>(City)</small>	<small>(State)</small>
		<small>(Zip)</small>	
Home Phone: ( _____ ) _____	Business Phone: ( _____ ) _____		
Cell Phone ( _____ ) _____	e-Mail: _____		

<b>II. Person to notify in case of an Emergency:</b>		Relationship:	
Address: _____			
		<small>(City)</small>	<small>(State)</small>
		<small>(Zip)</small>	
Home Phone: ( _____ ) _____	Business Phone: ( _____ ) _____		
Cell Phone ( _____ ) _____	e-Mail: _____		

<b>III. Father's Name:</b> _____
Address: _____
<small>(City) (State) (Zip)</small>
e-Mail: _____
Home Phone: ( _____ ) _____
Business Phone: ( _____ ) _____
Cell Phone ( _____ ) _____

<b>IV. Mother's Name:</b> _____
Address: _____
<small>(City) (State) (Zip)</small>
e-Mail: _____
Home Phone: ( _____ ) _____
Business Phone: ( _____ ) _____
Cell Phone ( _____ ) _____

<b>V. Marital Status (if applicable)</b> S    M    W    D    Separated	Spouse's Name: _____
Address: _____ e-Mail: _____	
<small>(City) (State) (Zip)</small>	
Home Phone: ( _____ ) _____ Business Phone: ( _____ ) _____ Cell Phone: ( _____ ) _____	

<b>VI. Name of family physicians:</b> _____ Business Phone ( _____ ) _____
Address: _____
<small>(City) (State) (Zip)</small>

**Known allergies:**

Medicine: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

PARENT INSURANCE FORM

Athlete's Name \_\_\_\_\_

Sport \_\_\_\_\_ School PEARL RIVER COMMUNITY COLLEGE

Dear Parent:

Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of intercollegiate sports is "EXCESS" or "SECONDARY" to any other collectible group insurance benefits. This means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer or your spouse's employer. After they have paid all available benefits, our athletic insurance company will consider remaining amounts based on USUAL and CUSTOMARY charges. WE, AS THE SCHOOL, DO NOT HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE.

PLEASE NOTE:

- 1. Most employer's group insurance allows dependent coverage to be continued to age 25 if the dependent is a full-time student. DO NOT drop dependent coverage while your son or daughter is participating in intercollegiate athletics.
2. Claims against your group insurance plan DO NOT increase your individual insurance premiums.

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED; please circle the individual listed as the insured on your primary/personal plan and complete all requested information.

Father/Guardian/Spouse/Self (circle one) Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ (Street) (City, State & Zip Code)

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ (Street) (City, State & Zip Code)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Name of Group Insurance Company \_\_\_\_\_ Group # Policy # \_\_\_\_\_

Mailing Address for Claims \_\_\_\_\_ Telephone # \_\_\_\_\_ (Street) (City, State & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your insurance require: A second opinion for surgery? YES \_\_\_\_\_ NO \_\_\_\_\_ Is your primary insurance an HMO? YES \_\_\_\_\_ NO \_\_\_\_\_

Pre-authorization for services? YES \_\_\_\_\_ NO \_\_\_\_\_ Is your primary insurance a PPO? YES \_\_\_\_\_ NO \_\_\_\_\_

Mother/Guardian/Spouse/Self (circle one) Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ (Street) (City, State & Zip Code)

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ (Street) (City, State & Zip Code)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Name of Group Insurance Company \_\_\_\_\_ Group # Policy # \_\_\_\_\_

Mailing Address for Claims \_\_\_\_\_ Telephone # \_\_\_\_\_ (Street) (City, State & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your insurance require: A second opinion for surgery? YES \_\_\_\_\_ NO \_\_\_\_\_ Is your primary insurance an HMO? YES \_\_\_\_\_ NO \_\_\_\_\_

Pre-authorization for services? YES \_\_\_\_\_ NO \_\_\_\_\_ Is your primary insurance a PPO? YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by \_\_\_\_\_.

My son/daughter is NOT covered under my group insurance.

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. I authorize release of the above insurance information to any concerned providers. A photo static copy of this authorization shall be considered as effective and valid as the original.

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

**USE THIS PAGE  
FOR YOUR PRIMARY INSURANCE CARD**

Copy of front of insurance card(s)

Copy of back of insurance card(s)

Copy of front of prescription card(s)

Copy of back of prescription card(s)

\*\*\*Be sure to provide witness signatures where needed.

\*\*\*Paperwork is not valid unless filled out in blue or black ink.



## MEDICAL HISTORY RELEASE

To all colleges, universities, clinics, hospitals, athletic trainers, physicians and all other health care agencies.

You are hereby authorized and requested to send copies of all current and past medical records pertaining to my medical condition, including all physical and athletic training records, diagnosis, treatment history, and prognosis of injuries from your personal knowledge and/or records to the Athletic Training Department at Pearl River Community College.

By my signature below I release you from all liability which could relate to the release of such medical records and information.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Athlete's Name \_\_\_\_\_

Parent Signature if athlete is under 18 years of age: \_\_\_\_\_

### Athletic Training CONSENT TO RELEASE INFORMATION

I hereby give authorization to the PRCC Athletic Training staff and/or the team physicians to release complete copies of my medical records, including but not limited to, all physical and athletic training records, diagnosis, treatment, history and prognosis of any and all injuries and ailments to all athletic training staff, athletic training students, treating physicians, medical personnel, athletic administrative personnel, any professional sports scouts, team physicians, and other medical or administrative personnel

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Athlete's Name \_\_\_\_\_

## Assumption of Risk for Athletic Participation

I, \_\_\_\_\_, do willfully and voluntarily request to be part of the Athletic Program at Pearl River Community College. My participation in athletics at PRCC is voluntary and recognized as a privilege. I understand that participation will expose me to certain risks that are inherent to collision/contact sports or athletics in general. These risks may include but are not limited to muscle injury, skeletal injury, injury to the nervous system, heat illness, brain trauma, spinal cord injury, or injury to vital organs. I am aware of these risks. I understand that some injuries may require surgical intervention. Furthermore, I am also aware that there are documented cases of death related to participation in collegiate athletics. However rare these cases are, they do illustrate the severe nature of the potential risks.

I understand injury may result from either direct blow to the body, collision with an opponent or playing surface or facility, or from undetected congenital abnormalities or conditions that I may have. I consent to undergo a health screening prior to participation in the Intercollegiate Athletic Program at PRCC. I realize this is to rule out pre-existing disqualifying conditions, but also that the screening is limited in its ability to detect all possible conditions. I agree to provide a thorough and accurate family and personal medical history for review but also understand that not all situations or scenarios can be definitively researched or subsequently ruled out.

I hereby release Pearl River Community College, its Administrators, Coaching Staff, Athletic Training Staff or other agents of the college and health professionals from liability that may result from my participation in intercollegiate athletics at Pearl River Community College. Although PRCC will pursue reasonable safety measures to minimize exposure to injury and provide a safe environment for conducting practices and competitions, I recognize the potential for injury is still present.

I assume these risks and do hereby affix my signature as acknowledgement of understanding and awareness of exposure to injury during practices, competitions or conditioning sessions.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of athlete

Date \_\_\_\_\_

\_\_\_\_\_  
Name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian if under 18



**Pearl River Community College Athletic Training**  
**Policies and Procedures**

*(Revised 05/25/2011)*

**I. COORDINATION OF TREATMENT FOR ATHLETIC SQUADS**

- A. Student athletes are expected to promptly report all of their injuries to the staff certified athletic trainers no later than 12:00 PM in order to be placed on the daily coach's injury report.
- B. Directions of the Pearl River Community College Athletic Training Department, physicians, and medical specialists must be implemented without alteration.
- C. Coaches will neither require nor permit a sick or injured student athlete to practice or participate in a contest without approval of the Pearl River Community College Athletic Training Department, physicians, or medical specialists.
- D. All student athletes at Pearl River Comm. College will receive equal treatment regardless of race, color, creed, sex or athletic ability.
- E. All illnesses or injuries requiring attention during the school year (fall and spring semesters) must be reported to the Pearl River Community College Athletic Training Department in accordance with the times listed in "A".

**II. MEDICAL EXPENSES**

- A. All medical and drug expenses for **ATHLETICALLY RELATED** injuries in excess of the student athlete's primary insurance coverage will be considered for payment by the Pearl River Community College Athletics Department.
- B. Athletically related injuries and illnesses are those which occur while a student athlete is participating in **MANDATORY** coach directed team practices and competitions.
- C. All medical and drug expenses for injuries and illness that occur while participating in **VOLUNTARY** workouts and weight room sessions will be the responsibility of the student athlete.
- D. All medical and drug expenses for injuries and illnesses which are deemed pre-existing or occur from a direct result of a pre-existing injury or illness will be the responsibility of the student athlete.
- E. All medical and drug expenses for injuries and illnesses which are deemed non-athletically related will be the responsibility of the student athlete. The student athlete should report these injuries and illnesses to the PRCC Athletic Training Department within one working day.
- F. All medical and drug expenses from providers other than the PRCC physicians and medical specialists will be the responsibility of the student athlete. The only exception will be if the student athlete is referred to an outside provider by the PRCC Athletic Department, physicians, or medical specialists.
- G. All medical and drug expenses incurred, including student health services, without prior consent and knowledge of the PRCC Athletic Training Department will be the responsibility of the student athlete.
- H. All student athletes are required to provide proof of medical insurance coverage to the PRCC Athletic Training Department in order to participate in athletics at Pearl River Community College. All student athletes must keep this insurance coverage for the entire calendar year. This insurance must cover intercollegiate athletics.
- I. In the event of a lapse in coverage (i.e. failure to pay premium, change of employment of parent, student athlete being dropped from the policy) all medical and drug expenses incurred during this time will be the responsibility of the student athlete.
- J. The student athlete's medical insurance will be considered "primary," for all athletically related injuries and illnesses meaning that all medical and drug expenses must first be submitted to the student athlete's insurance provider for payment.

- K. If a medical bill is received by a student athlete or his/her parents, they should forward this bill to the Pearl River Community College Athletic Training Department for processing.
- L. If a student athlete is covered by a PPO or HMO the PRCC Athletic Training Department will seek medical treatment for said student athlete from within the network system of the student athlete's primary insurance company. Exceptions to this would have to be approved by the PRCC Athletics Director. In the event an exception is made, the PRCC Athletic Department may elect to consider for payment diagnostic testing and initial doctor's visits outside of the student athlete's network system in order to obtain diagnosis. If after the diagnosis is made it is found that the illness or injury will require surgical intervention or prolonged treatment the PRCC Athletic Department would then seek said treatment from within the student athlete's network system.

### **III. TEAM PHYSICIANS AND MEDICAL SPECIALISTS**

- A. The team physicians and medical specialists for the Pear River Community College Athletic Department are as follows:
  - Family Practice-Dr. Schwartz Prime Care family practice medical center
  - Orthopedic Surgeons-Southern Bone and Joint Specialist
- B. The team physicians, orthopedic surgeons, etc. are available to examine any student athlete who receives an injury during a practice session or athletic contest.
- C. If the services of the team physicians, orthopedic surgeons, or other outside specialists are needed, the athlete will be referred to them by the Pearl River Community College Athletic Training Department.
- D. No coach or student athlete will call the team physicians, orthopedic surgeons, etc. to make an appointment for an athlete without prior knowledge and consent of the athletic training staff.

### **IV. SECOND OPINIONS**

- A. The athlete may elect to seek a second opinion in all matters of health and injury. However, should the athlete elect to seek a second opinion on his/her own, the PRCC Athletic Department will **NOT** be responsible for payment for the cost of any unauthorized second opinions. The only exception would be a referral from the PRCC Athletic Training Department, physicians, or medical specialists. Should the student athlete elect not to follow the advice of the PRCC Athletic Training Department, physicians, or medical specialists, they have effectively checked themselves out of the PRCC Athletic Department healthcare management system. In order to return to participation, the student athlete must receive clearances to participate from their attending physician and the PRCC Athletic Training Department, physicians, or medical specialists. It is the student athlete's responsibility to obtain such clearances as well as any documents needed for rehabilitation or care. These documents must be brought to the PRCC Athletic Training Department. Furthermore, the PRCC Athletic Department, PRCC Athletic Training Department, physicians, and medical specialists are not bound by said second opinions. This is especially true when considering a play vs. non-play decision.
- B. In the event a student athlete opts to get a second opinion outside of the PRCC Athletic Department Healthcare Management System, and receives services by the outside providers, all expenses incurred will be the student athlete's responsibility.

### **V. INJURIES AND ILLNESSES-PROCEDURES**

- A. If injured during a practice or game, the student athlete must follow the instructions of the PRCC Athletic Training Department, physicians, or medical specialists as applicable.
- B. All student athletes who are injured or ill and cannot compete will be placed on the coach's daily injury report. A copy of this report will be given to the student athletes' respective coaches.
- C. If ill or injured, the final decision as to whether or not the student athlete may participate is left up to the PRCC Athletic Training Department, physicians, or medical specialists as applicable.

- D. If you are injured or ill, you must still report to all designated times for practices, treatments, and meetings unless specifically excused by your coach or confined to bed by the PRCC Athletic Training Department, physicians, or medical specialists.
- E. The student athlete must follow all instructions of the PRCC Athletic Training Department, physicians, or medical specialists as applicable. PRCC Athletic Training Department, physicians, or medical specialists will decide upon changes of initiative care, treatment, or rehabilitation programs.
- F. The student athlete will be returned to the active list only upon the direct advice or consent of the PRCC Athletic Training Department, physicians, or medical specialists.

## **VI. PHYSICAL EXAMINATIONS**

- A. The NJCAA and the PRCC Athletic Department require an initial complete physical examination. All first time student athletes must have this examination before participation or practicing.
- B. Returning student athletes must complete an interim physical examination each year.
- C. No student athlete will be allowed to practice or participate in an intercollegiate sport until a PRCC team physician or medical specialist has completed the proper physical examination. This includes the use of weight room facilities, mandatory and voluntary workouts.
- D. Pearl River Community College, its physicians and medical specialists reserve the right to refuse payment for any diagnostic testing required to determine a student athlete's eligibility for participation in intercollegiate athletics due to any pre-existing medical condition. In addition, Pearl River Community College may have the student athlete and his/her parents sign a waiver releasing Pearl River Community College of its obligations for pre-existing conditions.
- E. Based on the physical exam and medical history, Pearl River Community College and its physicians and specialists reserve the right to disqualify a student athlete from athletic participation at Pearl River Community College.

## **VII. MEDICATIONS**

- A. All prescriptions needed for an athletic injury/illness will be dispensed by an MD with a written prescription.
- B. No prescriptions will be dispensed by the PRCC Athletic Training Department, but may be administered per a doctor's order (unless student under 18).
- C. It is mandatory that all student athletes advise the PRCC Athletic Training Department of all prescriptions they are presently taking.

## **DENTAL CARE**

- D. The student athlete is responsible for reporting any injury to his/her teeth. It must be reported immediately after it occurs.
- E. In sports that require mouth protection for all participants, the PRCC Athletic Department will provide mouth guards. It is the student athlete's responsibility to make sure they maintain and wear such mouth guards during both practice and competition. If the student athlete sustains any injury (to head/mouth) and is ordered to wear a mouth guard by the team dentists and/or physicians, and later sustains a re-occurrence injury without wearing the prescribed mouth guard, expenses for all treatment will be the student athlete's responsibility.
- F. The PRCC Athletic Department is not responsible for routine dental care such as having cavities repaired or dental problems not related to athletic injury.
- G. If a student athlete receives an injury to his/her teeth during an athletic function, the PRCC Athletic Department's team dentist will determine the type of extent and repair.

## VIII. ATHLETIC TRAINING ROOM

### A. General rules

1. In order to have an efficiently operated athletic training room, cooperation is of utmost importance.
2. Pearl River Community College athletic training rooms are coeducational; as such, appropriate attire is expected at all times. All staff, student athletic trainers, and student athletes should be treated with respect at all times. Profanity, inappropriate jokes, pranks, horseplay or behavior that may be offensive to others will not be tolerated. It is against department policy to participate in or condone such behavior.
3. Priority for taping and treatment will be given to those student athletes whose sport is in season.
4. There is no reason for anyone to be late to practice because of care needed in the athletic training room. The athletic training room will not be tolerated as an excuse to be late to team meetings or practices.

### B. Specific rules:

1. CLEATS are NOT allowed in the athletic training room.
2. Nothing is to be taken from the athletic training room without permission from a staff athletic trainer.
3. No horseplay or rough housing.
4. **NO CELL PHONES ARE ALLOWED TO BE USED IN THE ATHLETIC TRAINING ROOM.**
5. **NO SHOES ARE ALLOWED ON THE TREATMENT TABLES.**
6. Shorts and t-shirts are required for effective treatment of most body parts. Student athletes with inappropriate attire will be asked to leave.
7. Shorts or one piece bathing suits are to be worn when receiving whirlpool treatment.
8. **NO FOOD OR DRINK IS ALLOWED IN THE ATHLETIC TRAINING ROOM.**
9. **THERE WILL NOT BE UNDER ANY CIRCUMSTANCE ANY USAGE OF THE ATHLETIC TRAINING ROOM COMPUTERS BY STUDENT ATHLETES.**



**ACKNOWLEDGEMENT OF ATHLETIC TRAINING  
POLICIES AND PROCEDURES**

I do hereby signify by my signature below that I have received and read the Mississippi College Athletic Training and Sports Medicine Policy statement.

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PEARL RIVER**  
**WILDCATS**  
**ATHLETIC TRAINING**

**PHYSICAL INFORMATION  
 FORM**

NAME: \_\_\_\_\_ SPORT(S): \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ PRCC ID: \_\_\_\_\_

Year/Date					
HEIGHT					
WEIGHT					
VISION					
BP					
PULSE					

PHYSICAL FINDINGS	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
HEENT					
DENTAL					
CV					
LUNGS					
ABDOMEN					
SKIN					
NEUROLOGIC					
Able to compete	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
MD Signature					

ORTHOPEDIC	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Neck					
Shoulders					
Elbows					
Wrist/Hand					
Back					
Hips					
Knees					
Ankles					
Feet					
Able to Compete	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
MD Signature					

Comments:	2017	Comments:	2018	Comments:	2019