



# Seminole Community College

Department of Athletics 56 / Athletic Training  
100 Weldon Boulevard | Sanford, FL 32773-6199 | Phone: 407-708-2675 | FAX: 407-708-2142

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## Detailed Health Information Packet Documentation Instructions

**PLEASE PRINT CLEARLY AND LEGIBLY IN PERMANENT BLACK OR BLUE INK.** Please provide ALL *applicable* information. Any information that is deemed illegible or has been entered using non-permanent black or non-permanent blue ink will be considered invalid and will be refused.

### Form A – Student-Athlete Contact, Physician, and Insurance Information

#### Student-Athlete Information Section

**Student–Athlete Name** – Enter student–athlete’s full **birth** name: First, Middle, and Last.

**SSN** – Enter the student–athlete’s government issued Social Security Number. All insurance and health care offices use this number for patient and insurance policyholder identification. If your student–athlete is a non-United States citizen, enter your temporary government–issued immigrant number. A notarized, legible photocopy of your passport will also be required.

**Gender** – Circle the appropriate physiologic gender classification.

**Date Of Birth** – Enter the student–athlete’s date of birth using MM / DD / YYYY format.

**DL #** - Enter the state-issued driver’s license number of the student–athlete. Some insurance carriers and health care offices require this information.

**State** – Enter the state in which the driver’s license is issued.

#### **Student-Athlete Permanent Contact Information (e.g. Home-Town Address):**

If a student-athlete moves closer to the school (e.g. to an apartment), this space is NOT for that information.

This information is usually the address and home phone number of a parent or guardian. If this information is the same as a guardian’s contact information, please use the **Local Address** line to indicate which guardian. For example:

Local Address:           **SAME AS FIRST GUARDIAN**          

**Home Phone Number** – This is the telephone number that corresponds with the student-athlete’s permanent address. If this information is the same as an indicated guardian, leave this space blank.

**Work Number** – This space is provided if the student-athlete holds regular employment. This space is for the work phone number of the student-athlete. If the student-athlete is not engaged in employment, leave this blank.



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#### Form A – Student-Athlete Contact, Physician, and Insurance Information continued...

#### *Student-Athlete Local Contact Information (e.g. Apartment):*

This information is regarding the student-athlete's mailing address local to the area of the school. Please provide all known information (e.g. Cellular Phone Number). If this information is not yet available, please leave blank at this time

**Local Address** – This is the address the athlete will be residing at during their attendance at Seminole Community College.

**State** – FL.

**Zip Code** – The Zip Code that corresponds to the Local Address where the student-athlete will be residing.

**Local Phone Number** – This is the landline telephone number associated to the student-athlete's Local Address.

**Work Number & Extension** – This is the phone number of the employer of the student-athlete if applicable.

**Cellular Number** – Enter the student-athlete's 10-digit cellular telephone number. If the student-athlete has a cellular phone, this information is required and will only be used to contact the student-athlete directly for student-athlete business purposes only.

**Pager Number & Extension** – Enter the student-athlete's pager number if available.

**Email Address** – Optional. If the student-athlete has an established email address that is used on a regular basis (other than a school-assigned email address), please provide that address on this line.



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#### Form A – Student-Athlete Contact, Physician, and Insurance Information continued...

##### **First Guardian (Guardian Providing Primary Insurance):**

The information in this section is concerning the first legally responsible guardian of the student-athlete.

**Name** – Enter the birth name of the first, legally responsible guardian of the student-athlete.

**Relation** – Enter the relation of the first guardian to the student-athlete. Examples are Father, Brother, Grandfather, Uncle, Mother, Sister, Grandmother, Aunt, etc.

**SSN** – Enter the first guardian’s government-issued Social Security Number. All insurance and health care offices use this number for patient and insurance policyholder identification. ***If the first guardian is the only guardian listed or is the provider of the student-athlete’s insurance, this entry is required.*** If the first guardian is a non-United States citizen, enter the temporary government-issued immigrant/visa number and a notarized. A legible photocopy of your passport will also be required to be on-file.

**Date of Birth** – Enter the first guardian’s Date of Birth. This information is also required in reference to insurance carrier requirements including that of the requirements of school-provided accidental

**Remaining information** – All remaining information is related to the first guardian. Please read carefully and provide any/all applicable information including employment information.

##### **Second Guardian:**

Information in this section is similar to that of the “**First Guardian**” above.

##### **Alternate Emergency Contact:**

This information is required if no guardian information is available. This information may be next of kin or a trusted neighbor or friend. This is required if someone is to be notified in the event of an emergency.

##### **Primary Care Physician (Family Doctor):**

This information is required if a student-athlete has a primary family physician in the local area. This information is also required if the primary insurance covering the student-athlete is an HMO type whether the student-athlete is local to the Orlando, Florida area or not.

Practice Name – This is the name of the practice where your family doctor practices.

Physician’s Name – This is the name of your family doctor.

Office Phone Number – the office phone number of your family doctor.

Office FAX Number – the FAX number of the office where your family doctor practices



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#### **Form A – Student-Athlete Contact, Physician, and Insurance Information continued...**

#### Section entitled, “PLEASE READ CAREFULLY”

This section requests agreement of certain accommodations between the undersigned and SCC. Please take the time to read and understand each provision.

Items 4 and 5 are important to understand. Please read and initial in the space provided prior to each item.

#### Summary of Items

Item 1 – You agree to provide requested information in a timely manner.

Item 2 – You agree to provide SCC permission to share personal and health information between SCC and involved insurance carriers.

Item 3 – You agree to provide SCC permission to secure emergency medical assistance when required in order to preserve the student-athlete’s life, health, and well-being.

Item 4 – You agree to update SCC of any and all changes in provided information including home address, contact information, and insurance information. For example, if the student-athlete’s primary insurance information changes or is canceled, SCC requires immediate notification. Failure to notify us of any change in information may result in direct financial obligations that will be reported to credit and/or collection agencies.

Item 5 – Any information found to be false or otherwise out-of-date will result in the student-athlete’s immediate suspension from participation. Deliberate falsifying of information is susceptible to school and/or departmental policy which may result in forfeiture and repayment of scholarship awards.

Item 6 – States your understanding and acceptance of the items listed.

Item 7 – Provides a time table for which this information and agreement is sustained.

#### **SIGNATURES:**

The student-athlete is required to sign and date. A legal guardian is required to sign and date in the presence of a notary if:

1. The student-athlete is not of legal age. At the time of writing, the federally recognized legal age of consent is 18 years.
2. A listed legal-guardian is the provider of primary health insurance to the student-athlete.
3. The legal-guardian listed on this form is the only one.



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#### **Form B - Student-Athlete Health History Form**

This form is required by all our athletes to be filled out at least once during their tenure with Seminole Community College Athletics.

Please read and fully provide answers to the requested information to the best of your ability.

The student-athlete is required to sign and date.

#### **Form C - Student-Athlete Private Health Information Release Form**

This form is required in order to petition the release and sharing of health information between SCC and healthcare providers. If an athlete requires care by a team physician, their family physician, or emergency treatment, this form is required for the provider of medical care to share information with Seminole Community College's Certified Athletic Trainer. This is necessary for the continuity of care and rehabilitation by SCC's athletic training staff.

The student-athlete is required to sign and date. A legal guardian is required to sign and date in the presence of a notary if:

1. The student-athlete is not of legal age. At the time of writing, the federally recognized legal age of consent is 18 years.
2. A listed legal-guardian is the provider of primary health insurance to the student-athlete.

#### **Form D – Student-Athlete Pre-Participation Physical**

This form is available if your physician does not have one to provide. We do request that, as a minimum, the information outlined on our form is included on the form used by your chosen physician / clinic. For example: height, weight, resting pulse (resting heart rate), and blood pressure measurements are all required.

If visual acuity was checked with contacts or glasses, please circle YES to "Corrected?"

**IMPORTANT:** Regardless what physical form is used, it **MUST** have the complete contact and license information of the healthcare practitioner providing the physical screening. Any forms submitted without this information will be considered incomplete and invalid resulting in delayed processing and acceptance of the student-athlete.



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### **Form E1 – Agreement of Participation**

Signature of this document makes testament that the participant and/or their legal guardian(s) has been clearly made aware of and understands the requirements and dangers of participating in athletic activities.

The student-athlete is required to sign and date. A legal guardian is required to sign and date in the presence of a notary if:

1. The student-athlete is not of legal age. At the time of writing, the federally recognized legal age of consent is 18 years.
2. A listed legal-guardian is the provider of primary health insurance to the student-athlete.

### **Form E2 – Acknowledgement and Agreement to Participate**

This document is the individual acknowledgements and statements associated with the signature of Form E1. Each section is to be read and initialed by the student-athlete and/or their legal guardian.

If any information in the Health Information Packet is not understood, please feel free to contact the SCC Athletic Office at 407-708-2090 or the SCC Athletic Training Office at 407-708-2675.