

**OKLAHOMA PANHANDLE STATE UNIVERSITY  
Athletic Training**

**Student-Athlete Checklist**

**All Students Athletes Must Turn in the Following:**

- |  |       |
|--|-------|
| <b>Physical Exam Form</b>  | _____ |
| <b>Medical History Form</b>  | _____ |
| <b>Insurance Information Form</b>                                  | _____ |
| <b>Copy of Insurance Card (front and Back)</b>                     | _____ |
| <b>List of Medical Providers in the Panhandle Area</b>             | _____ |
| <b>Insurance Policy and Procedure Form</b>                         | _____ |
| <b>Insurance Notification Form</b>                                 | _____ |
| <b>Notice of Privacy Practices</b>                                 | _____ |
| <b>Assumption of Risk Statement</b>                                | _____ |
| <b>Concussion Disclosure Acknowledgement Waiver</b>                | _____ |
| <b>Sickle Cell Trait Waiver Form</b>                               | _____ |
| <b>Procedure for Filing Athletic Injury Claims/Medical Consent</b> | _____ |
| <b>Student-Athlete Agreement</b>                                   | _____ |
| <b>ADHD Documentation (if needed)</b>                              | _____ |

**Any student-athlete that has had an injury, surgery, or has been seen by a physician since May 1, 2011 through August 8, 2012 needs to bring with them the following information to the athletic trainer as soon as possible. Also, please contact the athletic trainer or have the physician contact the athletic trainer to discuss any athletic participation delay, rehabilitation, etc.**

- \*Details of any medical consultation, surgery, etc.**
- \*Medical release to participate in intercollegiate athletics**
- \*Details of surgery and/or physicians notes**
- \*Physical therapy notes, medical prescriptions, and/or instructions**

**Please send all information to:**

**Oklahoma Panhandle State University  
ATTN: Brian Lankford MS,ATC, LAT  
Head Athletic Trainer  
323 West Eagle Boulevard  
P.O. Box 430  
Goodwell, OK. 73939**