



**To: Parents of First Year ONU Intercollegiate Athletes**  
**From: Kurt Wilson, Head Athletic Trainer**  
**Date: August 2009**  
**RE: Athletic Insurance Information, Medical History Form**

Please find information regarding ONU's Student Health Insurance and ONU's Supplemental Accidental Medical Insurance policies on ONU INTERCOLLEGIATE ATHLETE MEDICAL INFORMATION website that you are currently navigating. Please read these forms carefully and then complete the ***Athletic Insurance Information*** form and ***Medical History*** form and return them in the envelope provided by the Athletic Training Staff.

This insurance information is being requested so that we are better able to assist your son/daughter throughout the school year if the need would arise for them to go off campus and obtain medical attention (ex. x-ray, sutures), either in Ada, Lima or at an away competition.

While providing this insurance information is strictly voluntary, if your son/daughter should need to go off campus for further medical treatment, they may likely be without their current insurance information, possibly causing a delay in their medical care. If the athletic training staff has a current copy of the student's insurance information, we will be able to provide the student athlete with a copy of this prior to their medical visit.

This insurance update also provides valuable information to the athletic training staff and medical offices about the memberships of your insurance, specifically if you belong to an HMO or PPO. Many times if you are members of these types of insurance programs, it limits the type of medical treatment that can be received in the Ada/Lima area above and beyond initial emergency treatment, without prior authorization from your insurance company. ***If you desire, providing us with a photocopy of your insurance card would be helpful so that we may also send this with your son/daughter to their physician visit.***

Please understand that the ONU athletic training staff will **not** file insurance claims for you. In the event that your son/daughter sustains an athletic injury requiring an ONU Supplemental Accidental Medical Insurance claim to be filed, appropriate claim forms and directions will be mailed to you directly.

If your son or daughter is **NOT** covered by your insurance, and is ***only*** covered by the Ohio Northern University Student Health Insurance, please fill out the appropriate form and indicate that the ***ONLY*** insurance coverage that you have is the ONU Student Health Insurance and return it in the enclosed envelope.

The ***Medical History*** form should be completed as accurately as possible and also returned in the enclosed envelope. The questions on this form are directed at the cardiovascular system per recommendations of the American Heart Association and were sent to all NCAA member institutions. The purpose of this form is not to rule out your son or daughter from competition, but to provide the physicians a better insight into your son/daughter's medical history at the time of their pre-season medical screening.

If you should have any questions in regards to the above information, do not hesitate to call the athletic training room at (419) 772-2559. I will be more than happy to answer any questions that you should have.