

## FWISD Student-Athlete Insurance Information Policies and Procedures

Student-Athlete: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Last Name First Name M. I.

The student-athlete listed above and their parents/guardian are being presented with the following information regarding student-athlete's injury care and insurance provided by the Fort Worth Independent School District (FWISD). Please read this information carefully and thoroughly. If you have further questions, please consult the Athletic Trainer at your high school or, for middle school student-athletes, at your feeder high school.

FWISD students who participate in UIL-sanctioned activities will be covered under the District's insurance plan while participating in or while in transit to or from an activity. This insurance coverage is a secondary policy, which means that it takes effect after you file a claim with your primary/personal insurance company.

If you have no primary health care insurance for your child, the district insurance may pay the majority of the bills associated with the injury. You must contact the Athletic Trainer for an approved list of health care providers to avoid possible out-of-pocket expenses. You are free to seek the services of your preferred health care provider. However, if you do not have health care insurance on your child, you will be financially responsible for all costs incurred if you opt for health care outside of those systems provided.

Prior to taking your injured child to a health care provider, the Athletic Trainer must be notified to check that the provider is on the approved list and that the injury is a result of participating in a UIL-sanctioned activity. If the Athletic Trainer is not available, contact the head coach or athletic coordinator. If these persons are not sought out prior to visiting a health care provider, the District insurance may not pay benefits.

When a student-athlete does incur any injury that requires a doctor/hospital visit, an insurance claim form must be filled out by the parent/guardian and the Athletic Trainer. Both parties should keep a copy for their records and send a copy to the insurance provider, regardless if there is a primary care insurance provider for the student-athlete or not. The parent/guardian must attach any medical bills related to their first visit to their initial claim form and send to the District's insurance provider. Any subsequent bills received by the parents that relate to the injury must be sent immediately to the insurance provider showing 1) name of injured person, 2) name of the school and Fort Worth ISD, and 3) the date of the accident.

Additionally, students who have an injury that requires a doctor/hospital visit must obtain a medical release prior to returning to participation in games or practices.

My signature below indicates that I, the parent/guardian of the listed student-athlete, understand the policy for FWISD athletic injury insurance and will follow the FWISD procedures for filing claims.

\_\_\_\_\_  
Print Name – Parent/ Guardian

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date