



Parent/Guardian/Student Information Form

NOTE: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays. If information is not applicable, indicate the reason it is not (e.g. deceased, divorced, or unknown).

Name of Athlete: _____ Sport: _____
Social Security Number: _____ D.O.B.: _____
College Address: _____ College Phone: _____
Home Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____

Father/Guardian Information

Father's Name: _____
S.S. Number: _____
Address: _____

Employer: _____
Address: _____
Telephone: _____
Medical Insurance Company/Plan: _____
Address: _____
Policy Number: _____
Telephone: _____

Is this plan an HMO or PPO? yes no

Is pre-authorization required to obtain treatment? yes no

Is a second opinion required before surgery? yes no

Mother/Guardian Information

Mother's Name: _____
S.S. Number: _____
Address: _____

Employer: _____
Address: _____
Telephone: _____
Medical Insurance Company/Plan: _____
Address: _____
Policy Number: _____
Telephone: _____

Is this plan an HMO or PPO? yes no

Is pre-authorization required to obtain treatment? yes no

Is a second opinion required before surgery? yes no

Student Information

(Required if student is covered under their own policy)

Medical Insurance Company/Plan: _____
Address: _____ City/State/Zip: _____
Policy Number: _____ Telephone: _____

Is this plan an HMO or PPO? yes no

Is pre-authorization required to obtain treatment? yes no

Is a second opinion required before surgery? yes no

