

Converse College Sports Medicine Student-Athlete Insurance Information Form

Student-Athlete's Full Name: _____ Sport(s): _____

Student-Athlete's Home Address: _____
Street City State Zip

Student-Athlete's Date of Birth: _____ Student-Athlete's Social Security #: _____

Please note, primary insurance is required. If you do not have insurance or if your insurance policy does not cover your daughter in the state of South Carolina, you must obtain an individual policy for your daughter.

Please provide the following information so we may determine what benefits are available for any injuries to your daughter that may occur: Failure to complete this form may result in the student athletes being withheld from participation.

Parental Information (all blanks must be completed; if not applicable put N/A)

Father's Name: _____ Father's Social Security #: _____

Father's Home Address: _____
Street City State Zip

Father's Date of Birth: _____ Father's Employer: _____

Father's Home Phone: _____ Father's Work Phone: _____

Mother's Name: _____ Mother's Social Security #: _____

Mother's Home Address: _____
Street City State Zip

Mother's Date of Birth: _____ Mother's Employer: _____

Mother's Home Phone: _____ Mother's Work Phone: _____

Insurance Information

THE STUDENT-ATHLETE IS COVERED UNDER THE FOLLOWING INSURANCE POLICY (fill out completely)

Policy Holder Name: _____ Relationship to Student-Athlete: _____

Policy Holder's Address: _____
Street City State Zip

Policy Holder's Phone #: _____ Policy Holder's Date of Birth: _____

Policy Holder's SS #: _____ Insurance Company: _____

Policy #: _____ Phone # of Company: _____

Address of Company: _____
Street City State Zip

Is the Policy an HMO? YES NO

Is the Policy a PPO? YES NO

Is pre-authorization required to obtain treatment? YES NO

Is a second opinion required before surgery? YES NO

Does your daughter's primary policy cover her in the State of South Carolina? YES NO

You MUST attach a front and back copy of the insurance card to this form.

The following authorization must be signed before we can file a claim with our athletic insurance carrier.

I hereby authorize to inspect or accrue copies of case history records, laboratory reports, diagnosis, x-rays, and any other data covering this injury and/or confinements and/or disabilities. A photostatic copy of this authorization shall be deemed effective and valid as the original.

Signature of Parent

Signature of Athlete

Date