

Personal Insurance Information for Athletes⁰⁸

Athlete Name: _____ Date: _____

Are you insured under your parent's insurance? YES NO

Insurance Company: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Father's Name: _____

Father's Address: _____

Father's Employer and Address: _____

Mother's Name: _____

Mother's Address: _____

Mother's Employer and Address: _____

OR

Do you have your own policy? YES NO

Name: _____

Policy Number: _____ Group Number: _____

Home Address: _____

School Address: _____

(if living away from home)

Did you purchase MCCC school insurance? YES NO

Athlete Signature: _____ Date: _____

*******Please include a photo copy of your current health insurance card*******

Permission to Treat (only if under 18 years of age)

I _____ as the parent/guardian of _____

give my permission for the Athletic Trainer to treat him/her in the event of accident or injury. I

understand the Athletic Trainer works under the supervision of the team physician and

communicates with him concerning the treatment and rehabilitation of injured athletes.

Signature: _____ Date _____