

STUDENT ATHLETE INSURANCE QUESTIONNAIRE

Name:	Sport(s):
Home Address:	Date of Birth:
City, State, Zip:	SS#:
Home Phone:	
Father's Name:	Mother's Name:
Address (if different from home address above)	Address (if different from home address above)
Phone # (if different from home phone above)	Phone # (if different from home phone above)
Father Employed By (if applicable):	Mother Employed By (if applicable):
Father's Work Phone:	Mother's Work Phone:
Medical Insurance Co:	Insurance Company Address:
Insurance Policy Number:	Insurance Company Phone:
Insurance Policy Holder's Name:	Insurance Policy Holder's SS#:
Primary Care Physician:	Primary Care Physican Phone Number:

Does this insurance policy cover accidents which occur during participation in Intercollegiate Athletics? YES NO

Is this insurance policy a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) which is limited to coverage of services by certain physicians or hospitals? YES NO

Does this insurance policy require second opinions before surgery? YES NO

Does this insurance policy have an age limit for your son or daughter? YES NO

Does this insurance policy cover dental injuries which occur during athletic participation? YES NO

My son/daughter is not to receive medical treatment under any circumstances due to religious beliefs. YES NO

If yes, please explain specific circumstances. _____

I, _____, hereby authorize Endicott College or it's representatives to release (for insurance purposes only), inspect, or secure copies of case history records, laboratory results, diagnoses, X-rays, and other data covering this or previous confinements and/or disabilities. A photostat copy of this authorization shall be deemed as effective and valid as the original.

Student Signature: _____

Date: _____

Parent Siganture (if a minor): _____

Date: _____

EVERY ATHLETE SHOULD CARRY AN INSURANCE CARD TO ENDICOTT COLLEGE