

**LAKE FOREST COLLEGE
PARENT/STUDENT-ATHLETE INSURANCE INFORMATION**

I. Student-Athlete's Name _____ Social Security # _____
Sport _____ Birthdate _____

II. **Father's Name** _____ Social Security # _____
Home Address _____
Street *City* *State* *Zip*
Employer's Name _____
Employer's Address _____
Street *City* *State* *Zip*
Home Telephone # _____ Work Telephone # _____
Name of Group _____ Policy # _____
Insurance Company _____ Group Policy # _____
Mailing Address _____
for Claims _____ Telephone # _____

Is your dependent son/daughter covered under the above policy? Yes No
Type of insurance: HMO PPO
Does your insurance require pre-authorization for services? Yes No

* PLEASE ATTACH A COPY OF BOTH SIDES OF CARD

II. **Mother's Name** _____ Social Security # _____
Home Address _____
Street *City* *State* *Zip*
Employer's Name _____
Employer's Address _____
Street *City* *State* *Zip*
Home Telephone # _____ Work Telephone # _____
Name of Group _____ Policy # _____
Insurance Company _____ Group Policy # _____
Mailing Address _____
for Claims _____ Telephone # _____

Is your dependent son/daughter covered under the above policy? Yes No
Type of insurance: HMO PPO
Does your insurance require pre-authorization for services? Yes No

* PLEASE ATTACH A COPY OF BOTH SIDES OF CARD

IV. I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by (name of dependent) _____
I authorize the release of any medical information necessary to process this claim and request payment of insurance benefits either to myself or to the party who accepts assignment.
I authorize payment of medical benefits to physician or supplier for services rendered.
Prescription Drug Card provided by insurance—PLEASE ATTACH A COPY OF BOTH SIDES OF CARD!

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

I understand the athletic insurance provided by Lake Forest College is secondary and covers only in-season varsity athletic related injuries.

I have read the corresponding page which explains the athletic insurance policy and insurance procedures of the Lake Forest College Athletics Department.

A photocopy of this authorization shall be considered as effective and valid as the original.

THIS IS NOT A WAIVER FOR THE STUDENT HEALTH INSURANCE

Date _____ Signature of Parent _____

Date _____ Signature of Student-Athlete _____