

To: PARENT / LEGAL GUARDIAN OF N.S.U. STUDENT/ATHLETE

Ref: ATHLETIC INJURY INSURANCE COVERAGE OF YOUR SON OR DAUGHTER

Please provide the School of Creative and Performing Arts with the requested information regarding insurance coverage on your son/daughter. This information is necessary in order that any medical claims for athletic injuries or conditions may be processed appropriately.

Student Athlete Name: \_\_\_\_\_  
Last First MI

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Group: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_  
Last First MI

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: Home \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

Policy Holders relationship to Student Athlete: \_\_\_\_\_

Does this policy have a dental plan included: \_\_\_\_ yes \_\_\_\_ no. Do you have a separate dental plan: Y N

Insurance Company Name \_\_\_\_\_ HMO \_\_\_\_ PPO

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

Policy / Certification #: \_\_\_\_\_ Group#: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

I authorize Northwestern State University or it's designated representative to submit claims to the above identified insurer or health benefit plan for any injuries suffered by the above stated student-athlete due to his / her active participation in an athletic program approved, supervised, and conducted by the athletic department at N.S.U. I authorize Northwestern State University or it's designated representative to contact any party listed above for more information if necessary. We have received and understand the medical policies and procedures of the N.S.U. Athletic department as outlined in the attached Parent's letter.

Parent / Guardian \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

**Please attach a copy of the front and back of your insurance card to this sheet!**