

2010 – 2011 PARENT INFORMATION FORM

**PARENT/GUARDIAN OF STUDENT-ATHLETE
MUST COMPLETE AND RETURN TO:**

Athletic Insurance Coordinator
Elon University Athletics
2500 Campus Box
Elon, NC 27244



NOTE: Complete all blanks. Failure to complete all blanks may result in claims processing delays or decreases in benefits. If information is not applicable, indicate the reason it is not available (e.g., deceased, divorced, unknown).

Name of Athlete: _____ Sport: _____
Social Security #: _____ Date of Birth: _____
Campus Box: _____ Student Phone (cell): _____
Home Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____

FATHER/GUARDIAN INFORMATION

MOTHER/GUARDIAN INFORMATION

Name: _____ Name: _____
Phone (H): _____ (W): _____ Phone (H): _____ (W): _____
Cell Phone #: _____ Date of Birth: _____ Cell Phone #: _____ Date of Birth: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Email: _____ Email: _____

PRIMARY HEALTH INSURANCE INFORMATION:

***PLEASE ATTACH A COPY OF THE FRONT AND BACK OF INSURANCE CARD**

Name of Primary Insurance Policy Holder: _____
Name of Insurance Company: _____
Mailing Address to Submit Claims: _____ City: _____ State: _____ Zip: _____
Policy or Identification Number: _____ Group #: _____
Employer: _____ Phone #: _____
Insurance Plan Effective Date: _____
Type of Insurance Plan: HMO PPO PRIVATE **IS THERE A PLAN DEDUCTIBLE?:** Yes No Amount: _____
(circle one) (circle one)
Does your insurance require a second opinion before surgery? YES NO
Phone number to obtain authorization: _____

Please provide a copy of all medical insurance cards including prescription drug cards if separate.

We have contacted our health insurance provider and made arrangements for our child to have coverage in the Elon area. The information above reflects that coverage. ***In the event of a change in coverage we will notify Elon University as soon as possible and understand that failure to notify Elon University's athletic department of said changes will result in the voiding of Elon's insurance coverage.***

I hereby authorize Elon University and Elon's designated insurance provider to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photo static copy of this authorization shall be deemed as effective and valid as the original.

We authorize that the university or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the university.

Parent's/Guardian's Signature: _____ Date: _____

Student-Athlete's Signature: _____ Date: _____