

Medical Insurance Information

Lawrence University Athletic Training Services • PO Box 599 • Appleton, WI 54912-0599
phone: 920-832-6762 • fax: 920-832-7349

This form must be completed and returned to Lawrence University with a copy of the front and back of your insurance card. The NCAA is requiring evidence of insurance during your competitive season and you will not be allowed to participate without the information on file. Most of you are probably covered under your parent's insurance, and it is suggested that you obtain a duplicate copy of their insurance card and carry it with you.

Student Athlete's Name: _____ Sport: _____

Date of Birth: _____ Social Security Number: _____

Parent/Guardian: _____
Name Home phone Alternate phone

Emergency Contact: _____
Name Relationship Phone No. Alt. phone No.

Insurance Company: _____ Claims Phone No. _____

Claims mailing address _____ City/State Zip _____

Policyholder Name: _____ Relationship to Student-Athlete: _____

Employer: _____ Card/Policy Number: _____

Subscriber/Group Number: _____ Policyholder's Social Security No.: _____

Policy Holder's Birthdate _____ Private Physician's Name: _____

Type of Insurance: HMO _____ PPO _____ Other: _____

Can your son/ daughter receive treatment for out of plan coverage? Yes ___ No ___

Any restrictions? Yes ___ No ___ If yes, please explain:

Can x-rays or MRI be done at Appleton Medical Center in Appleton? Yes ___ No ___

I verify that the above information is correct to the best of my knowledge, and I agree to notify Lawrence University of any changes in the insurance policy.

Policyholder's Signature

Date