

## Hesston College Athlete Insurance Form

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
Birthdate \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Fr \_\_\_\_\_ So \_\_\_\_\_

Parent's Names  
Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_  
SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact: if parents cannot be reached Phone \_\_\_\_\_

### PLACE OF EMPLOYMENT

FATHER/Guardian \_\_\_\_\_ MOTHER/Guardian \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

PRIMARY INSURANCE –Pre-Authorization if necessary Phone \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

POLICY NUMBERS \_\_\_\_\_

(Group)

(ID Number)

INSURED BY SELF or PARENTS or SCHOOL STUDENT (Circle One)

UNDER WHAT PARENT IS THE INSURANCE? FATHER OR MOTHER or NEITHER (Circle One)

Allergies \_\_\_\_\_ Contacts? \_\_\_\_\_

Current Medications \_\_\_\_\_

Pre-existing Conditions \_\_\_\_\_

Specific instructions for care on back.