

**EMMANUEL COLLEGE ATHLETICS DEPARTMENT**  
**Medical Insurance Card Form**

Athlete's Name \_\_\_\_\_ SS# \_\_\_\_\_  
Sex: Male Female      Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**PLEASE COPY YOUR INSURANCE CARD (FRONT & BACK) BELOW. PLEASE MAKE SURE COPY IS LEGIBLE. ILLEGIBLE AND INCOMPLETE COPIES WILL RESULT IN PARTICIPATION DELAY.**

**READ CAREFULLY**

- I/We authorize payment of medical benefits to all providers for all services and materials they provide during the care of an athletic injury/illness.
- I/We agree to supply any and all information requested by my primary insurance, Emmanuel College and their excess insurance company in a timely manner in order to expedite the claims process.
- I/We hereby authorize Emmanuel College and their excess insurance company to secure and inspect copies of case history records, lab reports, diagnoses, x-rays, and any other data pertaining to the athletic injury/illness I am receiving care for or previous confinements or disabilities relevant to the care of the injury/illness.
- I/We authorize the sports medicine staff at Emmanuel College and/or my coach to hospitalize and secure treatment for the aforementioned athlete for any athletic injury/illness and for any medical emergencies. If the athlete is under 18 years of age, the undersigned parent grants permission to the Athletic Training staff of Emmanuel College and/or their coach to hospitalize and secure treatment for their son/daughter for any athletic injury/illness.
- A photostatic copy of this authorization shall be deemed as effective and valid as the original.
- I/We agree to notify Emmanuel College Athletic Training Staff immediately upon any change in the above health insurance information. If I/we fail to do so, I/we fully understand that I/we may be responsible for any & all charges incurred.

If the athlete is under 18 and/or on parent's insurance policy, both signatures are required.

Policy Holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature (if different from above): \_\_\_\_\_ Date: \_\_\_\_\_