

NORTHERN KENTUCKY UNIVERSITY SPORTS MEDICINE
PARENT INFORMATION FORM

Student-Athlete's Name _____ Sport _____
 Social Security # _____ Date of Birth- ____/____/____
 Permanent Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Local Phone _____ Permanent Phone _____
 E-mail address _____
 Student's Primary Care Physician _____ Phone# _____

FATHER'S / GUARDIAN'S INFORMATION	MOTHER'S / GUARDIAN'S INFORMATION
Name _____ SSN _____ DOB ____/____/____ Home Address _____ _____ Home Phone _____ Cell Phone _____ E-Mail _____	Name _____ SSN _____ DOB ____/____/____ Home Address _____ _____ Home Phone _____ Cell Phone _____ E-Mail _____
Employer _____ Address _____ _____ Work Phone _____	Employer _____ Address _____ _____ Work Phone _____
Insurance Co. _____ Address _____ _____ Policy / ID# _____ Group # _____ Insurance Phone # _____ Type: ___HMO ___PPO ___Other Insurance requires second opinion before surgery? Yes ___ No ___ Insurance requires referral from PCP for specialist? Yes ___ No ___ Is your son / daughter covered under this policy? Yes ___ No ___ Deductible amount _____ Co-pay amount _____	Insurance Co. _____ Address _____ _____ Policy / ID# _____ Group # _____ Insurance Phone # _____ Type: ___HMO ___PPO ___Other Insurance requires second opinion before surgery? Yes ___ No ___ Insurance requires referral from PCP for specialist? Yes ___ No ___ Is your son / daughter covered under this policy? Yes ___ No ___ Deductible amount _____ Co-pay amount _____

PLEASE READ CAREFULLY!!!

- **SUBMIT A COPY OF YOUR INSURANCE CARD (both front and back)**
- The NCAA and Northern Kentucky University rules require student athletes to provide proof of primary insurance coverage.
- I hereby authorize Northern Kentucky University or its insurance agent to inspect or secure copies of case history records, laboratory reports, diagnosis, x-rays, and any other data covering this and/or previous confinements and/or disabilities.
- A photocopy of this authorization shall be deemed as effective and valid as the original.
- I agree to inform the Northern Kentucky University Sports Medicine Staff immediately upon any change in the above health Insurance information. If I fail to do so, I fully understand that I am responsible for any and all charges incurred.
- We authorize that Northern Kentucky University or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the Northern Kentucky University Insurance policy.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Student-athlete Signature _____ Date _____