MEDICAL INSURANCE AND AUTHORIZATION FORM

STUDENT-ATHLETE INFORMATION

Athlete Legal Name_____	Sport _____
Social Security Number _____	Date of Birth _____
Email_____	Cell Phone _____

PARENT/GUARDIAN EMERGENCY & CONTACT INFORMATION

Father/Guardian_____	Mother/Guardian_____
Home Address_____	Home Address_____
City/State/Zip_____	City/State/Zip_____
Home Phone # (AC) _____	Home Phone # (AC) _____
Cell Phone # (AC) _____	Cell Phone # (AC) _____
Employer _____	Employer _____
Work Phone # (AC) _____	Work Phone # (AC) _____
Email_____	Email_____

PRIMARY INSURANCE INFORMATION

Policyholder's Name_____	Type of plan: ☐HMO ☐PPO ☐POS ☐Other_____
SS# _____ DOB_____	Coverage: ☐Medical ☐Pharmacy ☐Dental ☐Mental
Relationship to Athlete_____	
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Please affix legible copy of Primary insurance card here (FRONT)	Please affix legible copy of Primary insurance card here (BACK)

_____**My son/daughter does <u>NOT</u> have medical insurance coverage.**

Signature of Parent/Legal Guardian Date

AUTHORIZATION AND RELEASE OF INFORMATION STATEMENT

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief, the information contained is complete and correct as herein given. I hereby authorize the Georgia Tech Athletic Association to file a claim under the group medical policy or policies shown above on my/our behalf for an athletic injury I sustained. I authorize that amounts payable under this policy, for an athletically related injury, be paid directly to the medical provider or to the Georgia Tech Athletic Association.

Furthermore, I authorize and direct any physicians or medical facilities, insurance company, or other organization, institution or person, providing treatment, to disclose and release to government agencies, insurance carriers, Georgia Tech Athletic Association or others who are financially liable for my hospitalization and medical care, all information needed for payment to such providers. Additionally, I permit the aforementioned representatives to examine and make copies of all records relating to such care and treatment. A photocopy of this authorization shall be considered as effective and valid as the original.

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Guardian Date

A FRONT AND BACK COPY OF YOUR INSURANCE CARD(s) MUST BE PROVIDED WITH THIS FORM

<u>Parents/Guardians please complete along with copies of insurance cards and return to</u>:
Gina Thompson, Athletic Insurance Coordinator (AIC), 150 Bobby Dodd Way NW, Atlanta, GA 30332-0455
Phone: 404-385-2960 Fax: 404-894-0695 Email: gthompson@athletics.gatech.edu

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