



Aquinas College Athletic Training
Student-Athlete/Parent/Guardian Information Form

Note: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays.
If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

Name of Athlete _____ Sport _____ *Circle one:* Freshman Sophomore Junior Senior
Social Security No. or Passport No. _____ Date of Birth _____
College Address _____ College Phone (____) _____
City _____ Zip _____ Cell Phone (____) _____
Home Address _____ Home Phone (____) _____
City _____ State _____ Zip _____

FATHER/GUARDIAN INFORMATION
Father's Name _____
Social Security No. _____
Date of Birth _____
Address _____
Employer _____
Address _____
Telephone () _____
Medical Insurance Company or Plan _____
Address _____
Policy Number _____
Telephone () _____

MOTHER/GUARDIAN INFORMATION
Mother's Name _____
Social Security No. _____
Date of Birth _____
Address _____
Employer _____
Address _____
Telephone () _____
Medical Insurance Company or Plan _____
Address _____
Policy Number _____
Telephone () _____

Is this plan an HMO or PPO? Please Circle HMO PPO
Is a referral required to obtain treatment? Yes No
Is preauthorization required to obtain treatment? Yes No
Does this plan cover dental injuries Yes No

Is this plan an HMO or PPO? Please Circle HMO PPO
Is a referral required to obtain treatment? Yes No
Is preauthorization required to obtain treatment? Yes No
Does this plan cover dental injuries Yes No

I hereby give my consent for Aquinas College Athletic Training or its designate to furnish medical care and treatment to my son/daughter as considered necessary and proper in diagnosing or treating their physical condition. I hereby authorize Aquinas College Athletic Training and its representatives to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and other data in relation to this medical claim. A photostatic copy of this authorization shall be deemed as effective and valid as an original. Further I certify all the above information is correct.

Parent's Signature _____ Date _____

Student-Athlete's Signature _____ Date _____