

PARENT INFORMATION FORM

Graceland University: 2011-2012

FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS.

NOTE: Complete all blanks. If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

I. Name of Athlete: _____ Sport: _____
Social Security #: _____ Date of Birth: _____
College Address: _____ Phone: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

II. Emergency Contact:
Name: _____ Relation: _____
Home Phone: _____ Work Phone: _____ Cell: _____

III Insurance: Circle one Private insurance Graceland Insurance

Name of card holder: _____ DOB _____

Place of Employment: _____

SSN _____

Insurance Company Name _____

Policy Number: _____

Insurance Address _____

Phone Number: _____

Please attach copy of insurance card

I hereby authorize Graceland University to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and /or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original.

We authorize that the college/university or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the college/university.

Student's Signature: _____