

Gordon College Insurance Form

Name:	Sport:
Home Address:	DOB:
City,State,Zip:	SS #:
Home Phone:	
Fathers Name:	Mothers Name:
Address (if dif from above)	Address (if dif from above)
Fathers Employment	Mothers Employment
Fathers Work #:	Mothers Work #:
Medical Insurance:	Insurance Address:
Policy Number:	Insurance Phone:
Policy Holder Name:	
Primary Care Physician:	Primary Care Number:

Does this insurance policy cover accidents that have occurred during participation in Intercollegiate Athletics? YES NO

Does this insurance require a second opinion before surgery? YES NO

Does this policy have an age limit for your son or daughter? YES NO

Does this insurance policy cover dental injuries which may occur during athletic participation? YES NO

My son/daughter is not to receive medical treatment under any circumstances due to religious beliefs.
YES NO

I, _____, hereby authorize Gordon College or it's representatives to release (for insurance purposes only), inspect, or secure copies of case history records, laboratory results, diagnoses, X-rays and other data covering this or previous confinements and/or disabilities. A Photostat copy of this authorization shall be deemed as effective and valid as the original.

Student Signature: _____ Date: _____

Parent Signature (if a minor): _____ Date: _____

EVERY ATHLETE SHOULD CARRY AN INSURANCE CARD AT GORDON COLLEGE