



FOND DU LAC TRIBAL & COMMUNITY COLLEGE

Insurance Questionnaire

All student-athletes must complete this form whether covered by medical insurance or not. Student-athletes will not be allowed to participate until completion of form and on file with the athletic department of Fond du Lac Tribal and Community College.

Athlete's name: _____ Date of Birth: _____

Sport: _____ Social Security #: _____

Policy Holder's Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone #: (_____) _____

Work Phone #: (_____) _____ Cell Phone # or E-mail _____

Relationship of policy holder to athlete: _____

Is this policy an HMO/PPO? Yes _____ No _____ If yes, does it cover services out of the area? Yes _____ No _____

Does this policy require Preauthorization for service? Yes _____ No _____ If yes, Phone #: _____

Does this policy require Preauthorization for surgeries? Yes _____ No _____ Second opinion for surgery? Yes _____ No _____

Does this policy include dental coverage? Yes _____ No _____ If no, is there a separate dental policy? Yes _____ No _____

Name of Group/Employer: _____

Name of Insurance Company: _____

Address of claim office: _____

Policy #: _____ Phone #: (_____) _____

Insurance Identification Number: _____

I hereby authorize the provider of medical services to release information on any athletic related injury/illness to members of or working by contract with Fond du Lac Tribal & Community College medical and athletic training staff. I also authorize Fond du Lac Tribal & Community College to release any information required in the processing of applications for financial coverage for medical services rendered as a result of participation in athletics. This will be valid for one year. Fond du Lac Tribal & Community College provides no insurance to those participating in athletics and is in no way responsible for payment of any medical services resulting from injury while participating in athletics at Fond du Lac Tribal & Community College.

Student-Athlete's Signature

Date

Parent or Guardian's signature if a minor

Date