

## Hartwick College Sports Medicine Information Sheet

**DIRECTIONS:** To be completed by the parents of Hartwick College Student-Athletes. This information will be used to better serve your student-athlete. If there is an injury, this information will help us in getting care and also with the filing of any insurance forms. This information will be kept confidential and only be used in conjunction with your athlete's medical care. **If there is no home insurance coverage or no answer to a question, please write "None" in the space.**

### PLEASE PRINT LEGIBLY

Name of student: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: M F Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Sport (s) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local/College/Cell Phone: \_\_\_\_\_

Local/College Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

ID or Certificate # \_\_\_\_\_ Group # \_\_\_\_\_ Plan: \_\_\_\_\_

Subscriber Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Subscriber Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Does the student need a referral to have an X-Ray or see a specialist? i.e.: Orthopedic Surgeon Yes No

Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does the insurance company need to be notified of any emergency room or doctor visits? Yes No

Phone: \_\_\_\_\_

The Athletic Insurance Policy is an "Excess All Other Collectible" policy. Therefore, **all claims must first be submitted to your primary insurance carrier for processing.** If your insurance carrier denies a claim for not following their policies, then the College insurance carrier could also deny the claim. If there is an injury, your student athlete will need to sign the claim form that the Athletic Trainers complete with the above information.

**Please attach a copy of any insurance cards front and back.**

**RETURN COMPLETED FORM TO:** Hartwick College Sports Medicine, Binder PEC, P.O. Box 4020, Oneonta, NY 13820  
Fax 607-431-4085 Office 607-431-4708 Please send a hard copy, don't fax.