

**PARENT INFORMATION FORM**

Graceland University: 2009-2010

**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. Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
DOB \_\_\_\_\_ DOB \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

III. Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

IV. Medical Insurance Company or Plan: \_\_\_\_\_ Medical Insurance Company or Plan: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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: \_\_\_\_\_