



Student-Athlete Information Form

Note: Complete all blanks. Failure to complete all blanks will result in inability to participate in all team activities.

If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, uninsured, etc.).

The NCAA requires on-site documentation at Calvin College regarding ADHD diagnosis and medication prescriptions. Please see <http://calvin.edu/sports/medicine/> for further information regarding these documentation requirements.

Name of Athlete: _____ Sport(s): _____

Calvin College Student ID: _____ Date of Birth: _____

College Address: _____ College / Cell (Circle) Phone: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Other Than Parent/Guardian: _____ Relationship: _____ Phone: _____

Primary Care Physician: _____ Office Phone: _____

Father / Guardian Information

Mother / Guardian Information

Name: _____

Date of Birth: _____ SSN: _____

Address: _____

Home Phone: _____

Employer: _____

Address: _____

Work/Cell (Circle) Phone: _____

Medical Insurance
Company or Plan: _____

Primary / Secondary (Circle one) Insurance Coverage

Address: _____

Policy Number: _____

Plan Number: _____

Customer Service
Phone Number: _____

Is this plan an HMO or PPO? YES NO
(If YES, Circle Which One)

Is pre-authorization required
to obtain treatment? YES NO

Is a second opinion required
before surgery? YES NO

Name: _____

Date of Birth: _____ SSN: _____

Address: _____

Home Phone: _____

Employer: _____

Address: _____

Work/Cell (Circle) Phone: _____

Medical Insurance
Company or Plan: _____

Primary / Secondary (Circle one) Insurance Coverage

Address: _____

Policy Number: _____

Plan Number: _____

Customer Service
Phone Number: _____

Is this plan an HMO or PPO? YES NO
(If YES, Circle Which One)

Is pre-authorization required
to obtain treatment? YES NO

Is a second opinion required
before surgery? YES NO

**Please return completed form, front/back copies of insurance card(s), and Insurance Acknowledgement Form to:
Calvin College Sports Medicine, 3195 Knight Way SE, Grand Rapids, MI, 49546**