

Emergency Contact and Insurance Information Form

To Be Used For Emergency Contact and Filing Medical Claims

Sport(s): _____ **Grade** (circle one) : Frosh / Soph / Junior / Senior / 5th year

Athlete Name _____ Birthdate _____

Local Address _____

Local Phone(____)

Home Address _____

Home Phone(____)

1. Are you covered by insurance through, (please check all that apply): Father; Mother; Self
 Whitworth; Other _____
2. Which of the above is the source of your primary insurance? _____
3. Please provide the following:

Head of Household: _____

Date of Birth: _____ Home Phone #: (____) _____

Employer Name: _____

Employer Phone #:(____) _____

Insurance Co. Name: _____

Insurance Co. Phone #: _____

Insurance Co. ID#: _____

Is Student Insured? (circle one) Yes No

Other Parent/Spouse: _____

Date of Birth: _____ Home Phone #: (____) _____

Employer Name: _____

Employer Phone #:(____) _____

Insurance Co. Name: _____

Insurance Co. Phone #: _____

Insurance Co. ID#: _____

Is Student Insured? (circle one) Yes No

If there is a change in coverage or expiration of coverage, I agree to notify Whitworth University of this development and update the insurance information I have on file.

Athlete's Signature

Date