

Bryn Mawr College Parent/Guardian Insurance Information Form

Please fill in all blanks with information, and **attach a photocopy of the front and back of your insurance card** for our file.

Name: _____ Sport(s): _____ D.O.B: _____
 SS# or Student ID# : _____

Home Address: _____ Home Phone #: _____
 _____ Local Phone #: _____
 _____ Email: _____

Insurance Policy Holder: _____ Relationship to student: _____
 Policy holder's D.O.B: _____

Policy holder's home address (if different from above): _____ Employer Name and Address: _____

 Work phone number: _____

Insurance Company: _____ Insurance ID #: _____
 Address: _____ Group #: _____

Insurance Company Phone#: _____

Primary Care Physician Address/Phone#: _____

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|---|---|---|
| 1. Does your insurance require a referral from your primary care physician? | Y | N |
| 2. Does your insurance require a pre-certification for X-rays, MRIs, or bone scans? | Y | N |
| 3. Does your insurance require a second opinion before surgery? | Y | N |
| 4. Do you have a prescription plan? | Y | N |
| 5. Does your insurance plan provide major medical benefits? | Y | N |
| 6. Does your insurance plan provide dental benefits? | Y | N |
| 7. Do you have any allergies? (If yes, what type) | Y | N |

I/We authorize **Bryn Mawr College** and **Special Risk Consultants, Inc.** of Collegeville, PA to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data this and/or previous confinements and/or disabilities. A photostat copy of this Authorization shall be deemed as effective and valid as the original. I/We authorize that **Bryn Mawr College** or its insurance agent pay the medical vendor direct for any bills incurred from accidents that are covered under the coverage purchased by the College.

Parent's Signature: _____ (under 18 only) Date: _____

I authorize Bryn Mawr College Athletics certified athletic trainers the right to contact my parent(s)/guardian(s) in emergency medical situations. **YES / NO (circle one)**

Student's Signature: _____ Date: _____