

PURDUE UNIVERSITY NORTHWEST
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
EMERGENCY CONTACT AND INSURANCE QUESTIONNAIRE FOR SPORT PARTICIPATION

(This form should be completed by the athlete and their parents prior to an athlete's participation in sports. It will then be kept on file in the Department of Intercollegiate Athletics in the event of an injury/claim.)

NAME OF ATHLETE _____ SPORT _____
YEAR IN SCHOOL _____ PHONE # _____

1. Insurance Information

Policy Holder's Name _____ Name of Insurance Company _____

Policy # _____ Phone # of Insurance _____

Type of Plan (Circle One)

HEALTH MAINTENCE ORGANIZATION (HMO)

PREFERRED PROVIDER ORGANIZATION (PPO)

STANDARD MEDICAL & HOSPITAL COVERAGE

OTHER (please explain) _____

2. Do you or do your parents have medical insurance through their employment? **YES / NO**

a. If yes, name of Employer _____

3. Does your medical insurance require you to see your primary care physician (PCP) and/or receive a referral prior to see a medical specialist (orthopedic surgeon, neurologist, cardiologist, etc.)?
YES / NO

a. If yes, please explain _____

4. Does your medical insurance require you to receive clearance or permission prior to visiting an emergency room? **YES / NO**

a. If yes, please explain _____

5. Does your medical insurance require you to within a **network** of physicians in order to receive full benefits? **YES / NO**

a. If yes, please explain _____

6. Is there any other pertinent information regarding your medical insurance that we should know about in case of an athletic injury or emergency? **YES / NO**

a. If yes, please explain _____

7. Emergency Contact Information (By filling out this section and signing below, you understand that you are giving the Department of Intercollegiate Athletics permission to call this emergency contact and inform them of the situation in case of an emergency)

Name of Emergency Contact _____ Phone# _____

Address _____ Relationship to Athlete _____

Name of Emergency Contact _____ Phone# _____

Address _____ Relationship to Athlete _____

8. Any known allergies? **YES / NO**

a. If yes, please list all allergies _____

9. Are you currently taking any medications? **YES / NO**

a. If yes, please list all medications _____

I/WE AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY AVAILBILITY TO THE BEST OF MY/OUR KNOWLEDGE

ATHLETE _____ DATE _____

PARENT/GUARDIAN (if under the age of 18) _____ DATE _____