

PARENT/GUARDIAN FORM 10

_____ Cadet Name Last First MI

SUBJECT: PARENT/GUARDIAN MEDICAL INSURANCE INFORMATION

1. Primary Insurance:

Name and address of the primary insurance company:

Name of subscriber _____ DOB of subscriber _____

Relationship to cadet _____ Subscribers Social Security # _____

Policy ID # _____ Group # _____

2. Do you have a primary care physician (PCP)? Yes _____ No _____

If yes please give name and complete address of your primary care physician:

Referral number for school year from PCP _____

3. Secondary Insurance:

Name and address of the secondary insurance policy:

Name of subscriber _____ DOB of subscriber _____

Relationship to cadet _____ Subscribers Social Security # _____

Policy ID # _____ Group # _____

4. Provide a photocopy of the front and back of your medical insurance card(s) and prescription identification card(s). If insurance information is not complete, claims cannot be filed.

5. The above information is accurate and I, the undersigned, authorize the staff of Massanutten Military Academy to use this information as appropriate.

Signature of parent/guardian

Date

NOTE: A copy of the Parents Medical Insurance card(s) will be placed on the back of this form/or attached to this form. A copy of this form with the copies of the Medical Insurance Card(s) will be given to both the Athletic Director and the Activities Director.

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