

**PLEASE COPY YOUR INSURANCE CARD (FRONT & BACK) BELOW**

**READ CAREFULLY**

- I authorize payment of medical benefits to all providers for all services and materials they provide during the care of an injury/illness.
- I agree to supply any and all information requested by my primary insurance, The College of William and Mary and their excess insurance company in a timely manner in order to expedite the claims process.
- I hereby authorize The College of William and Mary and their excess insurance company to secure and inspect copies of case history records, lab reports, diagnoses, x-rays, and any other data pertaining to the injury/illness I am receiving care for or previous confinements or disabilities relevant to the care of the injury/illness.
- I authorize the Sports Medicine staff of The College of William and Mary and/or my coach to hospitalize and secure treatment for me for any athletic injury/illness. If the athlete is under 18 years of age, the undersigned parent grants permission to the Sports Medicine staff of The College of William and Mary and/or their coach to hospitalize and secure treatment for their son/daughter for any athletic injury/illness.
- A photostatic copy of this authorization shall be deemed as effective and valid as the original.
- I will notify the Sports Medicine staff of The College of William and Mary immediately upon any change in the above health insurance information.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**(If under 18, parents must sign, otherwise must be signed by parent or student-athlete)**

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