

**MUHLENBERG COLLEGE
EMERGENCY CONTACT and INSURANCE INFORMATION FORM**

Name _____

Date of Birth _____ Sport(s) _____

Academic Year _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____

Work Phone _____

Policy Holder Name _____ Date of Birth _____

Relationship to Student-Athlete _____

Address _____ Home Phone _____

Work Phone _____

Insurance Company Name _____

Insurance Co. Address _____

Group # _____ I.D. # _____

Effective Date Of Policy _____ Expiration Date _____

Primary Physician _____

Office Number _____

Policy Limit _____ Policy Type (HMO,PPO etc.) _____

Policy Deductible _____

Policy Co-Pay _____

Does the policy cover athletically-related injuries? _____

Return To:

Muhlenberg College
Attn: Athletic Training Staff
2400 Chew St.
Allentown, PA 18104

You should keep a copy of these documents for your records