Hibbing Community College
A TECHNICAL AND COMMUNITY COLLEGE

PARTICIPATION INFORMATION

This information is being collected for college officials to use in case of emergency to notify personal contacts and medical providers; it will be maintained as a private education record. You are not required by law to provide this information, but if you do not do so, we may be unable to give you proper assistance when needed. Failure to provide us with this information will prevent you from participating in this activity.

Name: _____ Student ID: _____

Local address: _____

Permanent address: _____

Cell Phone: _____ Home Phone: _____

E-Mail address: _____

HEALTH INSURANCE INFORMATION

Company Name: _____

Group #: _____ Subscriber #: _____

Name of person you are insured through: _____

Does your policy cover participation in varsity athletics? Yes _____ No _____

Does your policy cover catastrophic injuries? Yes _____ NO _____

MEDICAL HISTORY &EMERGENCY CONTACT INFORMATION

Name and phone number for emergency contact: _____

_____

Name and phone number of personal physician: _____

_____

Do you have a medical conditioning requiring care? Yes _____ No _____

If YES, please describe: _____

What medical prescriptions are you currently taking? _____

Previous injuries: _____

Allergies: _____

_____ _____

Signature of policyholder verifying that the medical insurance listed above covers intercollegiate athletics

Date

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RELEASE OF INFORMATION

I, _____, agree to allow the Athletic Trainer assigned by Essentia Health, the Athletic Director, Coaches, and staff, and staff at Hibbing Community and Technical College in conjunction with any treating Physicians or medical personnel; consent of my medical care and release of my medical information.

I understand that my health information is private and cannot be disclosed to the media or other individuals not involved in my participation in athletics without my written consent.

I also understand that I have a right to withdraw my consent at any time, and must do so in writing.

Signature: _____ Date: _____
Student Athlete

_____ Date: _____
Parent/Guardian (required under 18)

Please Note: Hibbing Community and Technical College does not provide general medical insurance. Athletes are financially responsible for any medical expenses incurred. Copies of the front and back of Insurance card must be attached below. Secondary insurance cards may also be secured below. (Dental, Prescription, and/or Optical)

PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURANCE CARD.
Athletes CAN NOT participate without attached copies.

Copy of Front of Card

Copy of Back of Card