



Verification Form of No Health Insurance

Complete and return or fax to: Oakton Community College, Office of Athletics, Attn: Lisa Bolinder

Note: Complete all information. Failure to complete entire form will result in claims processing delays. If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

Name of Athlete _____ Sport _____

Social Security Number _____ Age _____ Date of Birth _____

Home Address _____

City _____ State/Zip _____ Phone _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Medical Insurance Company/Plan _____ **NO INSURANCE** _____

I/we hereby inform Oakton Community College that the above student athlete does not have Health Insurance either through my parents/guardian or a policy of my own.

I/we authorize that Oakton Community College or its insurance agent pay the medical vendors direct for any bills incurred from intercollegiate athletic injuries that are covered under the coverage purchased by Oakton Community College.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____