

Newport Central Catholic High School  
Athletic Department  
13 Carothers Road  
Newport, KY 41071

Principal: Bob Noll  
Athletic Director: Rob Detzel

School (859) 292-0001

Athletic Dept. (859) 655-3353 ext 26

Fax (859) 292-0656

FORM #2

PARENTS PERMISSION & HMO INFORMATION

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

FAMILY PHYSICIAN'S ADDRESS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

TYPE OF INSURANCE (CHECK ONLY ONE)

\_\_\_\_\_ Standard

\_\_\_\_\_ HMO Type-Primary Doctor and Phone Number \_\_\_\_\_

STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

Insurance Company – Primary:

*Policy Holder's*

Name: \_\_\_\_\_

*Policy Holder's*

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

ID#: \_\_\_\_\_

Group #: \_\_\_\_\_

Insurance Co. Phone Number: \_\_\_\_\_

I authorize the above insurance carrier to pay directly to Commonwealth Orthopedics & I agree to full responsibility for all expenses incurred which may not be covered by insurance. I also authorize release of medical information to the above insurance carrier. I understand that payment is expected at the time services are rendered unless prior arrangements have been made.

Parent/Guardian Signature: \_\_\_\_\_

IMPORTANT NOTICE: We have an agreement with the above named Medical Services that they may offer a discount depending on the family's insurance. This will only apply if the appointment is made through Newport Central Catholic, Miss Kelly Hirschauer (Trainer) 859-292-0001, Ext. 23.