
2007-08 STUDENT-ATHLETE CONSENT TO RELEASE OF MEDICAL INFORMATION

As a student-athlete at Grand Canyon University, athletically related injuries may require services of a physician or medical treatment facility.

Student-athletes are required to carry a primary insurance policy (either institutional student insurance or the student-athlete may be covered under their parent/guardian insurance plan.) All claims will be submitted initially to this plan.

The university has insurance coverage for student-athletes as a **SECONDARY INSURANCE POLICY FOR ATHLETICALLY RELATED INJURIES**. This means that after the primary plan has considered any claims, the University insurance will take over. In the event that a primary policy does not cover intercollegiate athletically related injuries, the University policy becomes the primary policy. Student-athletes are required to provide insurance information in order to participate in intercollegiate athletics. For the University to file for benefits under these policies, the student-athlete (or parent/guardian) must provide copies of all bills and primary coverage **explanation of benefits (EOB)**. These copies **must** be submitted to the University insurance coordinator in a timely manor to prevent delays resulting in late payment of bills.

In signing this form, I grant permission to the Grand Canyon University athletic training staff and/or insurance coordinator to contact my parents/guardians and pertinent medical facilities to gain information regarding insurance and insurance claims information for athletic injury claims at Grand Canyon University.

Student-Athlete (print name)

Date

Student-Athlete (signature)

If student athlete is under 18 years of age, parent/guardian must sign below.

Parent/Guardian Name (print name)

Date

Parent/guardian signature