

Students

Physical Examination for School Programs

**MIDDLETOWN PUBLIC SCHOOLS
INSURANCE POLICY AND INSURANCE COVERAGE**

All injuries which occur while participating in athletics should be reported to the coach and school nurse. If the injury requires medical attention by a doctor or treatment center, it is the athlete's responsibility to report the accident to the school nurse on the next school day. Once an athlete is treated by a physician, he/she cannot return back to participation until it is approved by our school physician.

All Middletown athletes are covered by an EXCESS INSURANCE POLICY. This means the student athlete will be billed and their personal insurance will be applied first. **BILLS NOT COVERED** by one's own insurance will be paid through the school insurance. If you do not carry medical insurance on your child, the school system's insurance carrier will serve as the primary carrier. For further information, please contact Maksin Management Corp., CN 98000, Pennsauken, NJ 08110 or phone (800)257-6250.

Fill out the form on the reverse side and sign it before returning it to the school nurse.

MIDDLETOWN PUBLIC SCHOOLS MEDICAL INSURANCE FORM

STUDENT'S NAME *SOCIAL SECURITY NO.* *BIRTH DATE*

NO CLAIM WILL BE PROCESSED UNLESS FORM IS COMPLETED IN FULL

PART II -- TO BE COMPLETED BY CLAIMANT -- OR BY PARENT IF CLAIMANT IS A MINOR

Name of Father or Guardian *Social Security No.*

Name of Mother or Guardian *Social Security No.*

Address of Parents or Guardian or Claimant *Telephone Number*

Father or Guardian's Insurance Company(ies) *Individual/Group*

Mother or Guardian's Insurance Company(ies) *Individual/Group*

Name and Address of Father or Guardian's Employer

Name and Address of Mother or Guardian's Employer

List other insurance policies under which claimant is insured:

Name of Insurance Company *Policy Number* *Individual/Group*

Authorization: I hereby authorize any physician or hospital who has treated or attended the above claimant to furnish the insurance company or its representatives any information requested. A photocopy of the authorization is to be considered valid.

Signature of insured (Parent or Guardian if insured is under 18) *Date*