File # _____

SISC TACKLE FOOTBALL CLAIM FORM

❑ Tackle Football Accident
■ Supplemental Coverage

Mail To: SISC Tackle Football, P.O. Box 1847,
Bakersfield, CA 93303-1847 - (661) 636-4710

TO BE COMPLETED BY SCHOOL OFFICIAL

Did the accident occur (*Check Yes or No*)

A. During school sponsored tackle football practice? ❑ Yes ❑ No

B. During school sponsored tackle football competition? ❑ Yes ❑ No

C. During school sponsored and supervised tackle football transportation? ❑ Yes ❑ No

Name and Title of Supervising School Authority:

Name _____

Title _____

Signature _____

School District _____

School Name _____

STUDENT INFORMATION

STUDENT'S FULL NAME	MAILING ADDRESS	CITY	ZIP

DATE OF BIRTH	GRADE	SEX	TELEPHONE NUMBER
		❑ M ❑ F	

1. Give full description of injury. Tell when, where, and how it happened.

2. Give exact date and time when injury occurred. Date: _____ Time: _____ a.m. _____ p.m.

3. When did you first consult a physician for this condition? Date: _____

TO BE COMPLETED BY PARENT - PARENT INFORMATION

SISC Accident Coverage is secondary to your private health insurance.

1. Father's Name _____ EMPLOYED: Yes_____ No_____

Father's Employer _____ Employer Telephone ( ) _____

Individual and/or
Group Insurance Company _____ Policy # _____

SOCIAL SECURITY # _____ Is child covered by this insurance? Yes_____ No_____

I authorize the release of any information necessary to process this claim.

Father's Signature _____ Date _____

I authorize payment of medical benefits to physician or supplier of service.

Father's Signature _____ Date _____

2. Mother's Name _____ EMPLOYED: Yes_____ No_____

Mother's Employer _____ Employer Telephone ( ) _____

Individual and/or
Group Insurance Company _____ Policy # _____

SOCIAL SECURITY # _____ Is child covered by this insurance? Yes_____ No_____

I authorize the release of any information necessary to process this claim.

Mother's Signature _____ Date _____

I authorize payment of medical benefits to physician or supplier of service.

Mother's Signature _____ Date _____

IMPORTANT – PARENT'S RESPONSIBILITY: Injuries MUST be treated by a properly authorized Physician or Dentist. All hospital and doctor bills must be itemized.