



# Marine Military Academy

ADMISSIONS OFFICE  
320 Iwo Jima Boulevard  
Harlingen, TX 78550  
TEL: (956) 423-6006 FAX: (956) 421-9273

## CONSENT & INSURANCE FORM

Name of Cadet (Applicant): \_\_\_\_\_  
*Please Print* Last First Middle

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

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
Home Parent/Guardian(s) Business

Name of Father/Guardian: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Employer: \_\_\_\_\_

Name of Father's Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_ Deductible Amount: \_\_\_\_\_

Certificate Number(s): \_\_\_\_\_ Type of Policy: ( ) Group ( ) Individual

Name of Mother/Guardian: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Employer: \_\_\_\_\_

Name of Mother's Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_ Deductible Amount: \_\_\_\_\_

Certificate Number(s): \_\_\_\_\_ Type of Policy: ( ) Group ( ) Individual

Is your Cadet covered under any of the above named policies? YES  NO

If "yes" please indicate which plan(s): \_\_\_\_\_

Is your Cadet covered under any other health insurance policy? YES  NO

If "yes" please provide insurance company's name and address: \_\_\_\_\_

\_\_\_\_\_ Policy Number(s): \_\_\_\_\_

### **Provide a copy of the front and back of each insurance card(s).**

**Important Note:** Upon notification from MMA Medical Department that your son requires services from a specific medical provider, it is your responsibility to contact that provider to make financial arrangements for payment. Should medical services be required and you currently do not have an insurance provider, you must contact the \*pharmacy with your credit card number. The same applies to any medical provider your son may require assistance from.

This authorization applies to the Cadet/Camper (Applicant) named above:

I, as ( ) parent, ( ) guardian, ( ) managing conservator, have authorized to consent to medical treatment of the foregoing minor. I hereby consent to routine medical treatment (including, but not limited to, minor illness or injury) by contracted physicians of the Marine Military Academy or other physicians and/or other medical professionals selected by the Academy and duly authorized officials of the Academy. I also hereby give Marine Military Academy and its authorized officials' authority to consent to emergency medical, surgical, or dental treatment, understanding that attempts to contact me have failed. Should injury occur to my son/ward during his attendance at the Marine Military Academy, I hereby authorize any and all hospitals, physicians or other medical providers to furnish a detailed statement of charges to the Marine Military Academy in order that they may process any applicable student accident insurance claims. The Marine Military Academy, to whom I give this authority, is related to said minor as an educational institution in which he is enrolled as a student/camper and not financially responsible.

I certify that the insurance information shown here, to the best of my knowledge, is true, complete, and correct. A photocopy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Signature of Parent/Guardian/Managing Conservator

\_\_\_\_\_  
Date

*\*See reverse side of this form*

10/7/2019



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## MEDICAL PROVIDERS AND PHARMACY

**In the event your Cadet/Camper needs to be examined or treated medically, Marine Military Academy (MMA) will provide transportation to and from the office of the physician or dentist. Prescribed medicine may be mailed to the MMA Medical Department or may be procured from the local pharmacy listed below. (No paper prescriptions)**

**Except for emergency care or other circumstances where time does not permit, it is your responsibility to contact the medical provider or pharmacy, in advance, to make financial arrangements for payment. MMA does not act as an intermediary for payment. Medical expenses and prescription charges cannot be charged to your MMA account. If you anticipate recurring prescription medicine charges, please provide credit card charging authority to the pharmacy listed below.**

**MMA has a prescription delivery/pick up relationship with the following pharmacy:**

### **PHARMACY**

RGV Hometown Pharmacy (o) (956) 496-2093; (f) (956) 496-2098  
608 E. Harrison Avenue

- Please contact the MMA Medical Department (956) 423-6006 ext 854 to make other pharmacy arrangements.