



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



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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.

Medical Provider

South Texas Urgent Care
1901 Pease St.
Harlingen TX 78550
Ph 956.205.1244
FAX 956.205.1245

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

Care RX Pharmacy
4501 Hale Ste 1
Harlingen, TX 78550
Ph 956.365.4677

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