

PROOF OF INSURANCE
2018-19 SCHOOL YEAR

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school or school activities. Please make sure your student has adequate insurance protection in case of an accident.

If your student has insurance, please provide us with the following information and your signature below.

_____ *has insurance with*
(Student Name)

_____ *and has coverage for injuries resulting from sports.*
(Insurance Company's Name)

(Signature or Parent/Guardian)

(Date)

It is the parent's and/or student's responsibility to verify proper insurance coverage through their insurance agent.
