

Insurance Coverage Statement

Please choose from the following two (2) options:

_____ I. My student athlete, son or daughter, _____, **is covered** by
(Name of student athlete)
my personal health insurance carrier, _____.
(Name of insurance provider)

OR

_____ II. My student athlete, son or daughter, _____, **is NOT**
(Name of student athlete)
covered by a personal health insurance carrier.

- I understand that the athletic insurance carried by the school system is a secondary coverage policy meaning it pays only after the parents' primary coverage pays.
- I understand that the responsibility to file the proper forms for payment is the parent's responsibility.

_____ I have received a copy of the "Steps for Parents to Follow" form that tells me what to do in case an injury requires medical treatment from a doctor or emergency room.

Parent/Legal Guardian Signature

Date