

## 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*