

## **Athletic Insurance Information Form**

**INSURANCE: SCS purchases a Student Accident Insurance policy for students participating in interscholastic athletics each year. This policy is considered a secondary policy. Please read the information below and indicate the appropriate response.**

1. There are limitations in the Student Accident Insurance coverage. It will not always pay all charges for every accident.
2. Neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to your child while he or she is participating in this program. This means that you will have to pay for any necessary medical treatment not covered by the Student Accident Insurance or any personal insurance coverage that you might have.
3. School Board Policy requires that all students who participate in athletics be adequately covered by medical or accident insurance.

Select one of the following options:

\_\_\_\_\_ (a) I have adequate personal insurance for my son/daughter and release the Board of Education and its employees from any responsibility in this matter.

\_\_\_\_\_ (b) My Son/Daughter is not covered by a primary policy I understand that the Student Accident Insurance Program has limitations and may not pay all charges. I accept responsibility for payment of any charges not covered by this policy.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_