

Insurance Verification

Dear Parent,

According to Carroll County Board Policy JGA, no student shall be allowed to participate in conditioning, tryouts, practice, or a game until proof of insurance or a signed wavier is on file. Below, please choose one of the three options listed, sign and date.

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If you have insurance that will cover your child if they are injured while playing sports, choose option one.

OPTION ONE: _____

I have health and accident insurance with _____ insurance company that covers my child in school athletic programs. My insurance policy number is: _____.

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If you do not have insurance that will cover your child if they are injured while playing sports and you would like to purchase a student plan, choose option two. Go online to www.studentinsurance-kk.com to review policies offered and enroll.

OPTION TWO: _____

I have purchased insurance through the school insurance plan that will cover my child in school athletic programs. **Please send a copy of your confirmation email** as your policy number.

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If you do not have personal insurance and choose not to purchase a student policy, you must choose option three and sign below.

OPTION THREE: _____

I verify that my child is not covered under an insurance plan; however, I understand the risk and still prefer my child be allowed to participate. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my child in the proper course of such athletic activities or travels.

DATE: _____



(signature of parent or legal guardian)

