

Insurance Coverage Statement

I. My student athlete, son or daughter, _____, **IS**
(Name)

COVERED by my personal health insurance carrier, _____
(Name)

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

- The athletic insurance carried by the school system, I understand, 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.

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

Signed,

Parent/Legal Guardian