

Meadows Valley School District # 11

IMPORTANT NOTICE TO PARENTS REGARDING STUDENT INJURIES

Even with the greatest precautions and the closest supervision, accidents can, and do happen at school. They are a fact of life and a part of the growing-up process our children go through.

Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school.

The school district does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance.

The district does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the school year and are available in the school office.

Students that participate in extra-curricular school athletics are required to provide proof of insurance coverage before they can participate.

Parents, please be prepared to pay for your child's possible medical expenses.

I have read and understand this notice.

Student Name

Grade

Parent/Legal Guardian Signature

Date

Meadows Valley High School
Health Insurance Information Form
Required of all athletes, Grades 6-12

****Please Print****

Date _____

Last Name _____ First _____ MI _____

Grade _____ Male Female (Please circle)

City _____ State _____ Zip _____

All students participating in sports at Meadows Valley School District must have proof of insurance. Insurance may be provided through the family or the school. Please check the appropriate spaces on the form below and return this form with your child the first day of practice.

School Health Insurance needed? _____ Yes _____ No

If YES, a premium charge will be required prior to participation in any IHSAA athletic activity or practice. Information and insurance forms are available at the school office.

If NO, is your child covered by a family health insurance policy?

YES _____ NO _____

Name of Insurance Company: _____

Copy of Insurance Card attached: _____ Yes _____ No _____

Signature of Parent or Guardian

Date