

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

(Don't Forget to attach a Copy of your Insurance CARD!)