

School District of Elmwood
PARENTAL INSURANCE WAIVER

Dear Parents/Guardians:

The School District of Elmwood **NO LONGER** provides any type of health insurance for accidents/injuries incurred by your child during interscholastic athletics.

Prior to participation in athletics, we encourage all families to have health insurance coverage on their children. Student Assurance Service, Inc. has coverage plans available for purchase and the School District of Elmwood can provide you the appropriate paperwork to do so. Keep in mind that this insurance coverage is supplemental to your own primary health insurance.

Whether you buy this optional insurance coverage or not, please fill out the form below and return it to the school office. Thank you.

In making application for coverage, please read the insurance coverage carefully.

1. Print all information clearly on the enrollment form.
2. Make check or money order payable to STUDENT ASSURANCE SERVICES, INC.
3. Detach enrollment form and retain summary of coverage.
4. Return the payment and form directly to STUDENT ASSURANCE SERVICES, INC.
5. Questions of concerns about the elective plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free (800) 328-2739.

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Student's Name: _____ Grade: _____

Check one of the following:

We, the undersigned, feel we have adequate insurance protection for our child while he/she is practicing or participating in the interscholastic athletics.

We, the undersigned, will purchase the optional insurance protection from STUDENT ASSURANCE SERVICES, INC. for our child while he/she is practicing or participating in interscholastic athletics.

Parent's/Guardian's Signature: _____ Date: _____