

Dr. Lewis S. Libby School Accident Insurance Waiver Form

Student's Name _____ Sex _____

Age _____ Date of Birth _____ Grade _____

Athletic Restrictions known by Parents

Is student currently under a doctor's care, or taking any medications? _____ Please explain

Notify in case of Emergency:

Parent/Guardian _____

Address _____

Family Doctor _____ Dr.'s Phone _____

If your child does not have health and/or accident insurance coverage, your signature below will act as a waiver out of the accident insurance plan offered by the Dr. Lewis S. Libby School. If you choose not to have your child covered and he/she is injured during an athletic season, you will be responsible for all healthcare costs associated with injuries.

By signing below, I indicate my desire to opt out of the accident insurance plan offered by the Dr. Lewis S. Libby School. I acknowledge that any healthcare costs incurred due to injuries during the athletic season will be my sole responsibility.

Parent/Guardian Signature _____ Date _____