

Dr. Lewis S. Libby School Insurance Coverage Form

Parent/Guardian: Please fill out completely if your child wishes to participate in any Interscholastic Sport. This one form gives your permission for all Interscholastic Sports during the year. Please print.

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 _____

Physical Exam: Evidence of a physical exam must be submitted to the school prior to participation in practices, performances, or games of any Interscholastic Sport. Each year a Health History Update form is to be completed.

Insurance: It is expected that all students participating in Interscholastic Sports programs be covered by adequate health and/or accident insurance. Please indicate your Insurance Company and policy number below along with your signature acknowledging the receipt of this form. If your child does not have health and/or accident insurance coverage, the school provides student accident insurance at a cost of \$81.00. If you are interested in this policy, please indicate this below (otherwise, please see the Dr. Lewis S. Libby School Accident Insurance Waiver Form). Parents/guardians, if the unfortunate circumstance arises that your child loses his/her health and/or accident insurance you are required to notify the school's administration immediately. If you choose to not notify the school's administration of this change, in doing so, you will indicate your desire to opt out of the accident insurance plan offered by the Dr. Lewis S. Libby School. Therefore, you acknowledge that any healthcare costs incurred due to injuries during the athletic season will be your sole responsibility.

Insurance Company _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

I would like my son/daughter to be enrolled in the accident insurance plan offered by the Dr. Lewis S. Libby School.

Parent/Guardian Signature _____ Date _____

