

Reynolds School District #7

Student Insurance for Athletics/Activities

Student Name _____ Grade _____

Parent/Guardian Name _____

The Reynolds School District #7 does not provide medical insurance for student injuries but does offer student accident/health insurance for voluntary purchase at an affordable rate.

District policy states that, "all students must be covered by an insurance policy before they will be allowed to participate in athletics and/or activities. Please supply the following insurance information."

This form must be returned with either the family insurance portion completed or the voluntary parent purchased insurance offered through Myers-Stevens & Thoohey, Inc. Application forms for this voluntary insurance can be obtained through the school office or from a PE teacher.

1. Family Insurance Coverage.

I have adequate insurance coverage for athletics and/or activities and absolve the school district of any liability with regard to injuries sustained while participating in athletics and/or activities.

Name of Company: _____ Policy No. _____

Parent/Guardian Signature _____

2. Voluntary Purchased Insurance.

I will purchase insurance through Myers-Stevens & Thoohey, Inc. to cover my child. The following is an information form only. It is not an order blank for insurance. Insurance applications are available through the school office or from a PE teacher. Please obtain an application and complete the following:

Please check the plan(s) you have purchased:

_____ Student Health Care Plan

_____ Full-Time (24-hour) Accident Plan (excludes high school football)

_____ School-Time Plan (excludes high school football)

_____ Tackle Football Coverage, Grades 9-12

_____ Optional Dental Coverage, Grades 9-12

Amount Paid _____ Check # _____ Date: _____

Parent/Guardian Signature _____