INSURANCE VERIFICATION FORM

Dear Parents:

The California Education Code, Sections 32220 and 32221, requires that any student of *any* "Educational Institution" who practices for or participates in any inter-school athletic event *MUST* be insured for \$1,500 of insurance covering the medical expenses of accidental injuries. This applies to all sports and to all participants of any age.

This *mandatory* insurance requirement is also extended to students who accompany an athletic team to an extramural athletic event and while performing their function as a member of the band, song leaders, yell leaders, etc.

Consequently, students must be excluded from the team and from activities relative to an athletic event unless they have either purchased the school's regularly offered plan, or their parents can assure the District that adequate insurance is in force which meets the requirements of this law.

If you have not purchased the accident plan offered through the school for your child, please fill in the following form and return same to the school principal. Your child will not be allowed to practice or participate until this form has been completed and returned, or you have purchased the insurance plan offered by the school. Enrollment forms will be available on or after August 1st at your child's school.

		IFICATION AND PARENT PERMISSION
This is to verify	that my son/daughter	
		STUDENT'S NAME
is covered under	NAN	ME OF INSURANCE COMPANY
EXPIRATI	ON DATE	POLICY NUMBER
Benefits indicate	ed in my policy are equal to or bro	oader than those required in the above notice.
I give my son/da	ughter permission to participate i	in
•		NAME OF ACTIVITY/IES
(Multi-sport ath)	letes must list every sport or fill o	ut a new form prior to each seasonal sport.)
•	y son/daughter has no medical (s) to be dangerous or harmful.	conditions or disabilities that would cause participation in the