

ACKNOWLEDGEMENT OF STUDENT ACCIDENT INSURANCE

SCHOOL NAME: _____

STUDENT NAME: _____

The Simcoe County District School Board requires that all students who participate in extra-curricular activities (athletics, clubs) or out-of-province/out of country trips **MUST** indicate the purchase of student accident insurance or indicate that there is other existing health and dental coverage in place.

This is a mandatory condition of participation.

Student Accident Insurance is recommended, but optional, for students participating only in the **regular school day** program.

It is not mandatory that insurance be purchased through the board-approved student accident insurance company. Student accident insurance can be obtained through any carrier of your choice. Alternatively, extended health and dental plans may provide the additional coverage.

I/We have purchased Student Accident Insurance

Or

I/We have Extended Health and Dental coverage through another insurance carrier/or workplace plan.

Signature of Parent/Guardian or Student [if age 18 or older]

Date

Printed Name of Parent/Guardian or Student [if age 18 or older]

Please return this signed form to the student's homeroom teacher