

SCHOOL INSURANCE WAIVER
2014-2015

I hereby state that I do not wish to purchase school time coverage, 24 hour insurance or football insurance provided through the school for my child(ren) since we feel we have adequate coverage under our present policy with the company listed below. I also understand that there is absolutely NO coverage provided by the school.

(name of insurance company)

NAME(S) OF CHILD(REN):

1. _____ Gr. _____
2. _____ Gr. _____
3. _____ Gr. _____
4. _____ Gr. _____
5. _____ Gr. _____
6. _____ Gr. _____

Signature of Parent/Guardian

Date