

**PLATT HIGH SCHOOL
INTERSCHOLASTIC SPORTS INSURANCE
PARENT OR GUARDIAN APPROVAL**

The Board of Education has provided an insurance policy to pay for usual and reasonable medical expenses (subject to certain policy limits) not covered under your private insurance for injury sustained while your son/daughter is engaged in interscholastic sports, bands , cheerleaders and drill teams. This coverage has been designed to provide maximum benefits at a minimum cost. Benefits will be considered for those eligible expenses, which are left unpaid by other insurance health plans.

A claim form must be submitted within 90 days from the accident date or the claim will be denied. It is the parent's/guardian's responsibility to file the completed claim form within that time period. Forms can be picked up in the Platt High School office.

PLEASE NOTE:

The student accident insurance contains some benefit limits. Therefore, it may not provide 100% coverage.

Your signature will allow your son/ daughter to try out for and/participate in interscholastic sports activities within Platt High School and with full knowledge of the sports insurance as stated herein.

I/We as parent or guardian of _____ have read and understand the above information regarding Platt High School interscholastic insurance coverage. This approval for participation in no way eliminates my responsibility for medical expenses as covered by any personal insurance policy.

Signature of Parent or Guardian _____ **Date** _____

Signature of Student-Athlete _____ **Date** _____

Participation in school year _____

PLEASE NOTE:

Without signature of parent or guardian, the student is forbidden to try out for or participate in the Platt High School Sports Program.