

**DELAWARE CITY SCHOOLS**

STUDENT INSURANCE

Please fill out the following and return it to the School.

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\_\_\_\_\_ We have accident insurance for our child.

Name of Company \_\_\_\_\_

Type and Amount of Coverage \_\_\_\_\_

\_\_\_\_\_ We do not have insurance.

\_\_\_\_\_ We wish to purchase student accident insurance from the school.

\_\_\_\_\_ We do not wish to participate in any insurance plan even though we realize the school is not responsible for injuries that are incurred and our child cannot participate in any athletic program without accident insurance coverage.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date