

WILLARD CITY SCHOOL DISTRICT

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