

PROOF OF INSURANCE
HOLLAND ISD 2014-2015

We, the parents/guardians of _____
() **have** () **have not** (*check one*) consented to the participation of our son/daughter in any
_____ ISD extra-curricular program, either athletic or academic, including field trips.

We, furthermore, () **have** () **have not** (*check one*) chosen to purchase the voluntary accidental medical insurance made available through the district. * **I understand that it is required by the district for all athletes to have some type of insurance to participate in any athletic activity.** (If you have not chosen to purchase the voluntary accident medical insurance the school is offering, it is mandatory for you to provide proof of insurance for your son or daughter) **A copy of our current insurance card or policy is attached.**

Name of insurance company: _____

Policy Number: _____

If we have chosen not to purchase insurance through the district, we understand and agree that any medical expenses not considered accidental catastrophic that shall be incurred will be paid by our personal insurance policy or by us as the parents/guardians. We also understand that the district's accidental catastrophic insurance plan pays secondary to any group insurance or coverage the family might have in place. We understand that
_____ ISD not be held responsible for any such expenses.

Signature of Parent/Guardian

Date