

STUDENT INSURANCE ELECTION FORM

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

Check one below:

_____ We have accident insurance for our child (health insurance).*

Name of Company: _____

Policy number: _____

We do not have accident insurance (health insurance).

Check one of the following:

_____ We wish to purchase student accident insurance from the school at a cost of \$25.00*. Please make check payable to Allendale Public Schools and turn in with this form.

_____ We do not wish to participate in any insurance plan. We understand our child **cannot** participate in any athletic program without accident insurance coverage.

Name of Student

Parent/Guardian Signature

Date

***The District has accident insurance coverage through 1st Agency. The family/guardian is responsible for the first \$2,500 of medical payments, regardless of primary insurance.**