

***Independent School District 318  
Grand Rapids, Minnesota 55744  
2020-2021***

Dear Parent/Guardian:

The School District ***does not provide*** any type of health or accident insurance for injuries incurred by your child at school.

We encourage families to have accident coverage on their children, prior to participation in any ***interscholastic sports or if a family's current primary health insurance has a high deductible, Co-Insurance Clause and/or limitation on medical benefits.*** If you feel your primary health coverage is adequate, please sign the bottom of this letter and return to a school employee.

<b>A. Full-Time Coverage (PK-12)</b> <i>Does NOT include Interscholastic sports coverage.</i>	\$99.00
<b>B. Full-Time Coverage (7-12)</b> <i>Includes all sports coverage except football grades 9-12.</i>	\$174.00
<b>C. School-Time Coverage (PK-12)</b> <i>Does NOT include Interscholastic sports coverage.</i>	\$16.00
<b>D. School-Time Coverage (7-12)</b> <i>Includes Interscholastic sports coverage except football grades 9-12.</i>	\$91.00
<b>E. Football (Grades 9-12)</b>	\$250.00
<b>F. Extended Dental (PK-12)</b>	\$ 9.00

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**2020-21 PARENT/GUARDIAN INSURANCE WAIVER**  
**RETURN THIS WITH MSHSL FORM AND HEALTH FORM TO ACTIVITIES OFFICE**

**Student** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Phone** \_\_\_\_\_ **School Attended Last Year** \_\_\_\_\_

\_\_\_\_\_ **1.** We will purchase adequate insurance protection for our son/daughter while participating in school sponsored activities including interscholastic sports from a company of our choice. (*Forms for Student Assurance at the above rates are available in the school offices.*)

\_\_\_\_\_ **2.** We, the undersigned, feel we have adequate insurance protection for our son/daughter while participating in school sponsored activities, including interscholastic sports.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_