

**Independent School District 318
Grand Rapids, Minnesota 55744
2024-2025**

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.

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

-Over-

**2024-25 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: _____

-Over-