

**Independent School District 318**  
**Grand Rapids, Minnesota 55744**  
**2021-2022**

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

**2021-22 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: \_\_\_\_\_