

Independent School District 318
Grand Rapids, Minnesota 55744
2019-2020

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 **sports or school sponsored activity**. You may purchase coverage from a company of your choice. Student Assurance of Stillwater, MN provides the following coverages (forms are available in the school offices);

	<u>One Time Policy Year Premium</u>
A. Full-Time Coverage (PK-12) <i>No interscholastic sports coverage.</i>	\$ 99.00
B. Full-Time Coverage (7-12) <i>With all sports coverage except football grades 9-12.</i>	\$174.00
C. School-Time Coverage (PK-12) <i>No sports coverage.</i>	\$16.00
D. School-Time Coverage (7-12) <i>With all sports coverage except football grades 9-12.</i>	\$ 91.00
E. Football (Grades 9-12)	\$250.00
F. Extended Dental (PK-12)	\$ 9.00

2019-2020 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 Activities Office.)*

_____ 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: _____