LAKEVIEW SCHOOL DISTRICT INSURANCE WAIVER

I am aware that with the exception of a group catastrophic accident policy for high school athletes (that provides supplemental coverage only for injuries with costs in excess of \$25,000), the school district does not provide health insurance for my son/ daughter while at school, or while participating in athletics. I am also aware that the district makes available at my cost a health insurance plan that would cover my son/daughter. However, we/I decline the school offered program and take full responsibility for his/her accident insurance while at school, or a school related activity.

ATHLETE'S NAME	SPORT
PARENT/GUARDIAN SIGNATURE	DATE
OPTIONAL:	
In case of injury my son/daughter is cov	rered by:
INSURANCE COMPANY	
GROUP/INDIVIDUAL POLICY#	