

LISBON EXEMPTED VILLAGE SCHOOL DISTRICT  
317 NORTH MARKET STREET  
LISBON, OH 44432

LISBON DAVID ANDERSON JR-SR HIGH SCHOOL  
ATHLETIC DEPARTMENT

TO WHOM IT MAY CONCERN:

This Is to inform the Lisbon School District that our son/daughter \_\_\_\_\_  
is fully covered by our family insurance plan. We request that he/she not be required to participate in the school  
adopted extra curricular accident insurance.

Our family hospitalization is \_\_\_\_\_  
(full name of insurance company)

\_\_\_\_\_  
(street address) (city) (state) (zip code)

This statement relieves the Lisbon Exempted Village Board of Education and the Athletic Department of all  
responsibility in the event of an injury to our child. If for any reason the aforementioned family medical  
insurance coverage on our child should terminate we shall notify immediately in writing the principal of the  
high school.

\_\_\_\_\_  
Parent/Guardian signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Home Phone) (Work Phone)