

INSURANCE COVERAGE

LAWRENCE COUNTY CAREER TECHNICAL CENTER

SCHOOL YEAR _____

STUDENT'S NAME: _____ (PLEASE PRINT)

CLASS: _____

This form is to verify that the above named student has insurance or is covered under a family policy which will cover him/her while at school or on a school related field trip.

Insurance Company: _____

Policy Number: _____

Signed: _____
Parent/Legal Guardian

Printed Name of Parent/Legal Guardian