

# IBERVILLE PARISH SCHOOL BOARD

## ATHLETIC INJURY INSURANCE DISCLOSURE FORM

Name of School: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Dear Parent or Guardian:

As a parent or guardian of the student athlete names above, it is extremely important that you be aware of the provisions of our athletic injury insurance policy should the athlete become injured. Our policy will pay for certain procedures and treatments associated with an athletic injury. However, as with all health insurances, there are certain limits as to the nature and amount of coverage. A list of the limits of our policy is attached, along with a list of items which are excluded, that is, not covered.

You should also be aware that under the terms of our policy, your personal health insurance is primary and would be the first to pay in the event of an injury. Our policy will pay, within the stated limits, any bills, which your health insurance does not pay. However, it is still possible that there may be some bills, or portions of bills, which neither your health insurance nor our athletic injury insurance will cover. In that case, you as parent or guardian would be responsible for any unpaid bills or portions of bills.

If you do not have health insurance coverage, then our athletic injury policy will be your only coverage, and will pay up to the stated limits per the attachment. Any bills not covered by our policy, or bills in excess of our policy limits, will be YOUR responsibility as parent or guardian.

If you understand these provisions, and agree to let the student athlete names above participate in athletics with this understanding in mind, please sign below and return to the head coach of the particular sport in which your child participates. This form shall remain in effect for the remainder of the student's eligibility unless the student transfers to another school. Should you have any questions, please call the School Board Office.

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### PARENT'S (GUARDIAN'S) ACKNOWLEDGMENT OF INSURANCE LIMITS AND RESPONSIBILITY

I, the undersigned parent or guardian of the student athlete names above, have read the above statement of responsibility of coverage by my personal health insurance and/or the athletic injury policy of the Iberville Parish School Board, and I agree to let the student athlete names above participate in athletics with full knowledge of the insurance provisions and limitations stated here in.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_