

Ouachita Parish School Board

Student Proof of Insurance/Waiver of Coverage Form

The Ouachita Parish School Board does not provide insurance coverage or assume liability for accidents to student athletes resulting from the participation in school activities, regardless if the student is covered under a private, family or group insurance policy or not. However, the School Board does make available student accident insurance that can be purchased by parents or legal guardians to cover students.

In accordance with school board policy (EGB), all student athletes and participants in extra-curricular activities must purchase student accident insurance through a carrier designated by the School or have on file in the Athletic Director's office a waiver form which declines coverage and/or verifies coverage under a family or group policy. The waiver must be signed by the parent or legal guardian of the student athlete or participant.

Student accident insurance enrollment forms and contact information are available in the School Office.

As a parent or legal guardian, you are responsible for any expenses relating to any injuries your child may sustain while participating in school-sponsored athletic or extra-curricular activities.

For a record of your compliance with the above student insurance coverage and waiver requirement, please complete the option you choose below for each child you have participating in athletics or extra-curricular activities.

Option A

I decline the opportunity to purchase student accident insurance offered through the school. I understand that I am fully responsible for payment of any expenses incurred if my child is injured while participating in school-sponsored athletic or extra-curricular activities.

My child, (print name) \_\_\_\_\_, is covered or is not covered under a family or group insurance policy. Provide private insurance information below.

\_\_\_\_\_  
(Insurance Company Name) (Policy No./Group No.)

\_\_\_\_\_  
(Parent's/Guardian's Signature) (Date)

Option B

YES, I want to purchase the student accident insurance coverage offered through the school for my child,

\_\_\_\_\_  
(Student-Athlete's Name - Please Print)

- Check one: My application for student accident insurance and payment are enclosed.
Proof of my online enrollment in student accident insurance and payment are attached.

\_\_\_\_\_  
(Parent's/Guardian's Signature) (Date)