

PROOF OF INSURANCE

DATE: _____

STUDENT
NAME: _____

GRADE LEVEL: _____

To McCain Middle School:

I hereby certify that I have adequate insurance coverage for the 2018-2019 school year on my son/daughter _____ to participate in extra-curricular sports and do not wish to participate in the school insurance plan.

My insurance is with _____.

Please provide a copy of your insurance card or provide the policy number _____.

Parent/Guardian Signature