HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

ATHLETIC CLEARANCE FORM

Form 3

Last Name:	**First Name:**	**MI:**

Birth Date:	**Sports/Activity:**		
		Fall	***Winter***	***Spring***

California Law, Education Code, Section 32220-24 requires that every member of a high school athletic team have accidental bodily injury insurance, providing at least $1500 of scheduled medical/hospital benefits. The parent or guardian must provide proof that their family coverage satisfies the Code in relation to medical coverage. If you **have** the $1500, accidental bodily injury insurance, please fill out **ITEM 1** below. If you **do not have** accidentally bodily injury benefits for your son, daughter, or ward, please fill out **ITEM 2** below.

ITEM 1 -- ***MY MEDICAL COVERAGE POLICY FOR AT LEAST $1500 IS ISSUED BY:***

_____ _____

Insurance Company ***Policy Number***

I certify that the student listed above **has** accidental bodily injury insurance providing at least $1500 of scheduled medical/hospital benefits.

_____ / / _____ / /

Student's Signature ***Date*** ***Parent/Guardian Signature*** ***Date***

PROOF OF INSURANCE IS REQUIRED PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD HERE

ITEM 2

The athlete does not have accidental bodily injury insurance required. **YOU MUST COMPLETE APPROPRIATE MYERS STEVENS & TOOHEY & CO., INC. APPLICATION**

We have subscribed to Myers-Stevens & Toohey & Co., Inc. for athletic insurance, which meet the limits requested. (Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school

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Student's Signature ***Date*** ***Parent/Guardian Signature*** ***Date***