

**COATESVILLE AREA SCHOOL DISTRICT
Student Accident Coverage For:**

Extra-Curricular and Co-Curricular Activities

Students (K-12) in the Coatesville Area School District participating in any school-sponsored extra-curricular or co-curricular activity and parents of these students must be aware that injury may occur during such activities. In order to insure both acknowledgement of possible injury to the student and proper insurance coverage for any student who may be injured, the Coatesville Area School District requires each of its schools to have on file a signed student accident coverage form for students participating in such activities. This student accident coverage form must also contain the name of the insurance company with which the student is insured. **Please Note:** All students participating in extra-curricular or co-curricular activities must carry accident insurance either through school insurance or a private insurance plan carried by the parent. School accident insurance carries a no-deductible \$500,000 limit in accordance with terms and conditions of the policy. The Board of School Directors covers students in grades 6 - 12 on school-sponsored sport teams (including intramurals) while participating in these events. However, these students should carry school insurance or have coverage under a private insurance plan if they intend to participate in other activities.

Please complete and sign this form and return it promptly to your child's school. Be sure to indicate if your child has applied for school insurance or if you carry insurance on your child. If you carry private insurance, please indicate the name of the insurance company and the policy number with which you have coverage.

Please Note: This student accident coverage form must be completed in order for your child to participate in any extra-curricular or co-curricular activity.

**COATESVILLE AREA SCHOOL DISTRICT
STUDENT ACCIDENT COVERAGE FORM**

I approve of _____ participating in extra-curricular and co-curricular activities.

Check One:

_____ I carry insurance with the _____ Insurance Company that covers my child in the event of any injury. Policy #: _____.

_____ I have applied for Student Accident Insurance through the plan offered by the Coatesville Area School District.

Signature of Parent/Guardian

School

Grade

Date

Street Address

City, State, Zip Code

() _____
Area Code - Telephone Number

A STUDENT MAY NOT PARTICIPATE IN ANY FIELD TRIP WITHOUT INSURANCE!