

2011-2012

Please check the box that is appropriate for your needs and fill in any information that is needed.

We have our own Health Insurance and we **DO NOT** want school insurance.
(Fill out corresponding Insurance Release Form)

We have our own Health Insurance and we **DO NOT** want school insurance.
(Fill out corresponding Insurance Release Form)

We have our own Health Insurance and we will also purchase School Insurance.

******Please send a copy (Front and Back) of Insurance Card with the Signed Form******

Parent/Guardian Signature

Date

Insurance Release

My son/daughter is covered by insurance in the following way:

Check One

Please attach a copy of insurance card to this form.

<input type="checkbox"/> Home Insurance Policy Name _____ Member Name _____ Member ID _____ Group _____ Group Number _____ Plan Type (ex. HMO, PPO) _____ Customer Service Phone # _____ Precertification # _____ Mailing Address _____ _____ _____	<input type="checkbox"/> School Insurance Policy Name _____ Member Name _____ Member ID _____ Group _____ Group Number _____ Plan Type (ex. HMO, PPO) _____ Customer Service Phone # _____ Precertification # _____ Mailing Address _____ _____ _____
---	---

Parent/Guardian Signature

Date

Please check appropriate boxes:

I understand that my son/daughter **MUST HAVE** insurance to participate in athletics at Swainsboro Middle School.

I understand that if my son/daughter is not covered under my personal health insurance, I am **REQUIRED** to purchase School Insurance.

I understand that Swainsboro Middle School and corresponding staff will not be held liable should I fail to provide my son/daughter proper insurance coverage prior to participation.

Parent/Guardian Signature _____

Date _____