

**School Insurance Waiver Form**

My son/daughter, \_\_\_\_\_ Grade \_\_\_\_\_,  
will be covered by the following medical insurance in case of injury while participating  
in Middle School or High School Athletics.

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_