

INSURANCE INFORMATION/MEDICAL RELEASE

Participation in junior high or high school athletics has many rewards and provides opportunity for growth, skill development and enjoyment. However, it is important that both the participant and the parents/legal guardians realize that an element of physical risk is present when one is involved in athletics. The purpose of this form is to clarify some issues regarding health and accident insurance, and to obtain permission to secure appropriate medical assistance in the event that your son/daughter should be injured.

Nebo School District insurance does not cover personal injury that is the result of athletic participation. The Utah High School Activities Association (UHSAA) does provide catastrophic insurance coverage but it is secondary in nature and is subject to a \$25,000 deductible. It covers events that are sanctioned by the UHSAA as well as approved travel to and from those events. It also covers supervised practices and direct travel pertaining to those practices. **It is important that you check with your own insurance carrier to be certain that athletic injuries to the student would be covered by your own policy.**

Nebo School District's insurance policy does cover injuries that result from an accident incurred with school transportation going to or from practice or game sites. Students who choose to provide their own transportation to game or practice sites must carry their own insurance coverage.

Health and accident insurance is available at a low cost through a private provider under contract with Nebo School District. This insurance may be purchased by contacting the school principal.

Please fill out the information below and return this form to the school.

Student Name _____

Parent/Legal Guardian Name _____

Home Phone # _____ Emergency Phone # _____

Health Insurance Carrier _____

Policy Number _____

I hereby give my permission to the proper authorities of a team sponsored by Nebo School District or any Nebo School District schools to seek appropriate medical assistance for my son/daughter in the event of any injury. School/team officials will attempt to contact me before arranging any medical care unless the situation demands immediate emergency care. I understand that neither the school nor Nebo School District has responsibility for the payment of the medical costs incurred in the event of an athletic injury. I also consent to have my son/daughter transported by a Nebo School District employee or by ambulance in the event of illness or injury. I hereby represent and warrant that I am duly authorized to execute this document.

Parent/Legal Guardian Signature

Date