

# PITTSVILLE SCHOOL DISTRICT ATHLETIC HANDBOOK

## STUDENT INSURANCE INFORMATION

I, \_\_\_\_\_, Father/Mother/Guardian Name of \_\_\_\_\_ ,  
*Parent/Legal Guardian Name* *Student Name*

hereby state that my son/daughter is adequately covered against all accidents by the insurance which I carry.

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*Name of Insurance Company*

*Policy Number*

I also understand that I must report accidents or injuries to my insurance company in order that they can properly process any claims.

Our family doctor is \_\_\_\_\_. In case of any injury I hereby authorize the coach to use his judgment in referring my son/daughter to our family doctor or to any doctor available.

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*Signature of Parent/Guardian*

*Date*