

Poolesville High School

17501 Willard Road

Poolesville, Maryland 20837-2006

(301) 972-7900



Dear Parents/Guardians:

This letter is written to inform you of our school policy concerning student participation in sports activities, either intramural or interscholastic, as it relates to insurance coverage.

Each year the Board of Education makes available a Student Accident Policy at a nominal premium. This insurance is secondary to the family's own insurance. Since accidents will inevitably occur, despite our best effort to maintain safety factors in all student activities, this insurance coverage is recommended unless the family deems that other insurance coverage (in force) will meet the needs of the student.

The football program is excluded from this requirement since the Board of Education provides special insurance coverage for players in all county high schools at no cost to the individual. This applies only during the football season.

The Board of Education Student Accident Policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms are available at the local school.

For the current school year, the Board of Education is subscribing to catastrophic insurance coverage for all athletes. Information about this insurance is available from the athletic director.

State regulations also provide that each student participating in interscholastic athletics submit a physical examination certificate to the coach at the start of each sport season.

If you have any questions, please contact the school.

Sincerely,

Deena Levine
Principal

Please complete and return this form to the coach or sponsor. Parental signature also serves as permission for the student to participate in the athletic programs.

Name of Student _____ Activity _____

(Please Check)

____ Student is covered by the Board of Education Student Accident Policy.

____ Student is covered by a policy (held by the family) which will pay expenses in the event of accident and no claim will be made on the school.

____ We wish to obtain coverage for the balance of the school year by applying for the Board of Education policy.

Date

Signature of Parent or Legal Guardian

When parents are divorced and have legal joint custody, both parents must sign.