MAXWELL HIGH SCHOOL

PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS/INSURANCE CERTIFICATION

California Law (Ed. Code Sec. 32220-21) requires that every member of any interscholastic athletic team, as well as those associated directly with any interscholastic athletic event (cheerleaders, team mascots, band members, team managers, etc.) possess accidental bodily insurance providing at least \$1500 of scheduled medical and hospital benefits. In the best interest of our students, Maxwell U.S.D. requests that all students have insurance information on file in the school office in the event of an injury during physical education. Please provide us with your child's insurance information in the space below. Available in the school office is low cost accident insurance for students. Should your son or daughter not be covered by a family plan or you have a limited plan we encourage parents to purchase the Premier or Premier-Plus plans from Myers Stevens.

Students are not to engage in interscholastic athletic activities, practices, games, or associated activities until their insurance information is on file in the school office. PLEASE SPECIFY BELOW THE INSURANCE COVERAGE THAT YOU HAVE FOR YOU CHILD:

CHILD'S NAME:			
·	Other:	Company Policy #	
	note: I v	f your child plo vith your ager	ays tackle football, please check t that football is a covered injury.
Myers Stevens School Insurance Plan			
with a representat MAXWELL U.S.D. V ACCIDENT INSURA personnel are aut	ive of the VILL NOT NOE. In Thorized to INSURAN AS STATE	school on aff PROVIDE MED the event to have him/h CE COVERAG D ABOVE ON	participate in school athletics and go netic field trips. I UNDERSTAND THAT THI ICAL SERVICES, HOSPITAL SERVICES OF nat my child is injured, school distric ter treated. I CERTIFY THAT THE CHILL E WHICH MEETS THE INTENT OF ED CODI I THIS FORM. I will notify the school of the school year.
Signed by parent/guardian			 Date