

## INSURANCE COVERAGE ON ATHLETES

It is required that all school athletes be covered by insurance. The coordination of benefits provision requires that payment of a claim be prorated among any insurance companies through which the insured is covered. If you do not make arrangements to purchase school insurance coverage for your son/daughter, because of the implication of coordination of benefits, you are requested to fill in the attached form, which is to be filed with the school, as a record that your son/daughter is covered by your own insurance policy.

Dr. Lindsey Hall  
Superintendent

Date \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ is insured by \_\_\_\_\_.  
(student's name) (Insurance company)

We acknowledge that our student has insurance coverage for injuries that might occur during practice or athletic competition.

\_\_\_\_\_ understands that it is a privilege to participate in sports and agrees (students name) to abide by the activity code (which is in the student handbook) and the rules by the coach or sponsor of any individual activity. We also understand that with participation in any activity goes the risk of injury.

Signed \_\_\_\_\_  
(parent or guardian signature)

\_\_\_\_\_  
(student signature) (year in school) (sport student will participate in)  
Fr/So/Jr/Sr

### Notice of Privacy Practice

This notice describes how health information about your student/athlete may be used and disclosed. It is our legal duty to take reasonable steps to secure the privacy of your student/athlete's health information.

We will use and disclose the student/athlete's health information for treatment and healthcare operations. We may use or disclose the health information to a physician or other health provider providing treatment to the student/athlete. Additionally, we may use the health information after removing individually identifiable information to track injury trends, including disclosure of this information to other school officials to prevent injuries. You may further authorize in writing the disclosure of the student/athlete's health information to anyone you designate for any purpose. If you give us such authorization, you may revoke it in writing at any time. We may use or disclose your student/athlete's health information to notify, or assist in the notification of, a family member, your personal representative or other person responsible for the care of your student/athlete, which may include the location or general condition of the student/athlete. You and your student/athlete have the right to inspect or copy the student/athlete's health information.

We have read this "Notice of Privacy Rights" and understand that our student/athlete's health information may be used or disclosed by the School District as set forth above:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please bring this with you to check in for a sport along with your physical. Physical forms from your doctor's office will be accepted.