

Guntersville City Schools

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Waiver of School Day Insurance Coverage

For School Year _____

I have been informed of the option of purchasing school day insurance coverage for my son/daughter _____ who is a student athlete at _____ playing _____.

It is my decision to waiver the purchase of the school day/accident insurance coverage that is offered for purchase by the school system. My personal medical coverage will be responsible for payment of all accidents/injuries that might occur during school activities.

Signature of Parent/Guardian: _____

Date: _____

My child is covered with the following medical coverage:

Name of Insurance Company _____

Name of Policy Holder _____

Contract # _____ Group # _____

Effective Date of Policy: _____