

Midlothian High School
Athletic Insurance Form

Name of Student _____ Grade _____

I hereby certify that the student named above is covered by the medical-accident insurance listed below and that I accept the responsibility for the medical costs of this student.

_____ Student covered by school accident insurance.

Date Purchased ____ / ____ / _____

_____ Student covered by the following insurance policy.

Insurance Company _____ Policy Number _____

_____ **Student not covered by insurance. I accept full responsibility for the medical expenses of the student listed above.**

Signed by Parent / Guardian _____ Date ____ / ____ / _____