

TO: Parents of Athletes

FROM: Athletic Department, Plano ISD

SUBJECT: Voluntary Accident Insurance Coverage for Athletes
Grades 7 and 8 2009 – 2010

The Plano Independent School District assumes no financial responsibility for injuries sustained in any school sponsored athletic event or practice. A parent or guardian does have the option to purchase accident insurance made available by the school district. A summary of benefits and exclusions of this policy is contained in the accompanying application. **Treatment must be provided by a licensed physician within 60 days of the accident and all expenses must be incurred within 52 weeks from the date of the accident.** This is a supplemental policy and pays after settlement has been made on primary insurance carried by the parent or guardian. However, a maximum of \$100.00 of eligible expenses will be paid before other insurance is investigated.

By my signature below, I indicate that I understand that athletes in grades 7 and 8 can be covered by the “school time” or “24 hour” options.

_____ is involved in University Interscholastic League athletics.

I acknowledge that I have been given the opportunity to review the application, benefits and exclusions of the insurance mentioned above. **I understand that it is my responsibility to submit the request for coverage and payment directly to the insurance agent as indicated on the application. I understand that this insurance is not in effect until received in the office of the insurance agent indicated on the application. I hereby release Plano Independent School District from accident insurance responsibility.**

FURTHERMORE, if injury occurs during practice or game conditions, I grant permission for the Plano Independent School District staff member in charge to exercise his/her judgment and take immediate and appropriate action.

Date _____

Signature of Parent or Guardian _____