

**PURCELL PUBLIC SCHOOLS
INSURANCE RELEASE**

Student's Name _____ Date _____

Date of Birth _____ Age _____ Sex _____

Address _____ Zip _____

Home Phone _____ Work Phone _____

Check the appropriate blank and complete information in Item 1, if applicable.

- _____ 1. This is to certify that my child is covered by the following accident insurance,

(Name of Company and Type of Policy)

and has my permission to participate in all school-sponsored activities. It is agreed that the school will be relieved of all responsibility in the event of injury.

- _____ 2. This is to certify that my child will be covered by a student accident insurance policy.

- _____ 3. This is to certify that we have NO INSURANCE policy which will cover my child. However, he has my permission to participate in all school activities. It is further agreed that the school will be relieved of all responsibility in the event of injury.

(Signature of Parent/Guardian)

(Date)