



CERTIFICATION OF ACCIDENT INSURANCE

To parent/guardian:

The Wake county Public School system (WCPSS) does not carry accident or medical insurance to cover students' accidental injuries or illnesses. A student accident insurance policy is available on individual basis and covers accidental injuries that occur during school-sponsored activities. Application and purchase information can be obtained from your child's school. In addition, parents' insurance also may provide coverage for injuries to their child(ren). Board policy (6720) addresses the insurance requirements for participating in specified activities.

6720.1 Every student participant in a student activity that requires accident insurance shall be required to:

- A. Furnish proof of membership in the student accident insurance program, or
- B. Furnish proof that compatible coverage is carried in another insurance policy.

6720.2 Student activities requiring student activity insurance coverage are:

- A. Interscholastic athletic programs
- B. Intramural athletic programs
- C. Marching bands
- D. School patrols
- E. Cheerleaders
- F. Groups making overnight trips or excursions

Your child has indicated an interest in participating in a student activity that requires accident insurance coverage. Please check A or B below to indicate the method by which the required coverage will be provided. This form must be signed by parent(s)/guardian(s) and returned to your child's school.

I hereby certify that _____
Name of Student

A. ____ is adequately covered by accident, health and/or hospital insurance policy that is in effect during the present school year. This coverage is through an insurance policy identified below:

_____	_____
Name of Insurance Company	Policy Number

B. ____ is enrolled in the WCPSS's voluntary student accident insurance program. I understand that my child is covered upon receipt of the completed application and receipt of the appropriate premium by the WCPSS. Policy provides maximum of \$5,000 payable for any motor vehicle accident and \$100,000 for Basic Coverage or \$250,000 for Standard Coverage payable for accident while on foot on a field trip.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____