

P. O. Box 940 Covington, LA 70434 985.892.2276 • Fax 985.898.3267

Superintendent

DATE:

August 11, 2016

TO:

Jr. High & High School Principals

FROM:

Kevin R. Darouse, Senior Supervisor of Administration

Larry Route, Supervisor of Administration LR

RE: STUDENT ACCIDENT INSURANCE

The voluntary student and athletic accident insurance plan is available for the 2016-2017 school year. Beginning this school year effective August 1, 2016, families will be able to access the brochure showing plan benefits and rates, as well as, enroll in a plan by going online. This plan is strictly voluntary and parents may enroll by going to the St. Tammany Parish School Board website, stpsb.org, and clicking on the *Parent* tab at the top of the page. Next click on Student Insurance located on the left hand column.

Remember all student athletes must have health or accident insurance before being permitted to participate. This insurance plan could be used for football and other sports related insurance needs. Please inform the coaching staff that this material will be available.

Please find attached the waiver form that must be distributed to, and completed by all parents whose children are participating in football and other extra-curricular programs. Also, for your convenience, the insurance rate schedule is attached.

If you have any questions concerning this request, you may contact us at 898-3296.

Approved by:

Michael J. Cossé

Assistant Superintendent

dk

c:

W. L. "Trey" Folse, III, Superintendent Kirt Gaspard, Risk Management

Learning to Last a Lifetime.®

SCHOOL WAIVER FORM EXTRACURRICULAR ACTIVITES

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

Student's Name Grade	Sports/Activities	Sex M F School
	Age Date of Birth/	/
Parent's/Guardian's Name		
Father's/Guardian's SS# XXX-XX		
Work Address		
Home Address		
Another Person to Contact		
Relationship		
Insurance Company		
Policy Number and/or Group Numbers _		
ALLERGIES		
Parent's Signature		
Date	(if ove	er age 18)

<u>IMPORTANT NOTICE</u> — It is the policy of the St. Tammany Parish School Board that **ALL** athletes participating in our school sports programs <u>MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE!</u> Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians.