



## HEALTH AND ACCIDENT INSURANCE

The California Education Code Section 32221 requires that each member or participant of an athletic team, whether a competitor or non-competitor (i.e. cheerleader, band member, etc.) carry medical or accident insurance prior to being allowed to participate.

The ORANGE UNIFIED SCHOOL DISTRICT does not provide medical insurance coverage for school accidents. If you do not currently have your own health insurance, the District makes available student accident/health insurance plans for you to purchase.

Many coverage options are available. This information may be obtained at your schools Athletic Department and will also be included in your back-to-school packet.

If you have any questions regarding the insurance, such as an explanation of coverages, exclusions, or claims procedures, please call the plan administrator, Myers-Stevens & Toohey & Co. at (800) 827-4695 or (949) 348-0656. Bilingual representative are available for parents who need assistance in Spanish.

\*\*\*\*\*PARENT/GUARDIAN CONSENT – PLEASE READ AND SIGN\*\*\*\*\*

“I CERTIFY THAT MY SON/DAUGHTER/WARD IS INSURED FOR ACCIDENTAL INJURY INSURANCE IN AN AMOUNT OF \$1500.00 AND FOR AT LEAST \$1500.00 INSURANCE PROTECTION FOR MEDICAL & HOSPITAL EXPENSES RESULTING FROM ACCIDENTAL BODILY INJURY WHILE PARTICIPATING IN INTERSCHOOL ATHLETIC EVENTS, OR WHILE BEING TRANSPORTED TO AND FROM SUCH ATHLETIC EVENTS.” I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED SON/DAUGHTER/WARD TO COMPETE IN SPORTS AND TO GO WITH A REPRESENTATIVE OF THE SCHOOL ON ANY TRIPS. IN CASE THIS STUDENT IS INJURED, YOU ARE AUTHORIZED TO HAVE HIM/HER TREATED.



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Student-Athlete Name: \_\_\_\_\_

Last

First

Middle

**Name of Insurance Company** \_\_\_\_\_

**Policy Number or Medical Record Number** \_\_\_\_\_