

Flagler Schools Student Athletic/Activity Participation And Insurance Acknowledgment Form



Submission of a completed version of this form is required prior to a student's participation in any school-sponsored activity involving risk of personal injury, in accordance with School Board Policy 8760. **Students may not participate until this requirement is satisfied.**

Flagler County Schools provides students with opportunities to participate in sports and other physical activities throughout the school year. In accordance with School Board Policy 8760 – Student Accident Insurance, a signed statement of insurance coverage from a parent or guardian is required prior to participation in any school-sponsored activity that carries a risk of personal injury.

Such activities include, but are not limited to:

- FHSAA-sanctioned sports (practices, conditioning, and competitions)
- JROTC
- Colorguard
- Marching Band
- Intramural activities

Statement of Student Insurance Coverage (Required by School Board Policy 8760)

Please select one and complete all applicable information

My child/ward is covered by medical/accident insurance

Insurance Company: _____ Policy Number: _____

My child/ward is not currently covered by medical/accident insurance and I understand that I am responsible for all medical expenses incurred with regard to the aforementioned child.

For information regarding optional student accident insurance, contact:

K&K Insurance Group, Inc. www.studentinsurance-kk.com

By signing below, I:

- Acknowledge receipt of information regarding the availability of student accident insurance coverage and accept responsibility for securing coverage if desired.
- Understand that the School Board does not provide medical insurance for students and does not assume responsibility for medical expenses resulting from participation in school-sponsored activities.
- Certify that I have provided an accurate statement of my child's insurance status.
- Grant permission for my child/ward to participate in sports and/or other physical activities.
- Understand that participation is voluntary and may involve a risk of injury.

Student Name: _____ School: _____

Parent/Guardian Name: _____ Parent/Guardian Phone #: _____

I certify that the information provided is accurate and that I have read and understand this form.

Parent Signature: _____ Date: _____

Record Retention: This form must be retained by the school's Athletic/Activity Director or Principal