
(Print Student Athlete's Name)

(Date)

Verification of Health Insurance Coverage Requirements

I (Parent/Guardian) understand that base health insurance coverage including sports related injuries is a requirement for participation in athletics and in the event an individual or family medical plan is not provided participation in athletics can be denied or revoked. Further, I understand that school sports participation insurance for students is provided for purchase by Duval County Schools in the event individual or family plan coverage is not currently in place.

In addition, I agree to maintain insurance coverage throughout the duration of the sports season. I will notify the school immediately if the policy should lapse for any reason.

I, _____ verify that _____
Print (Parent / guardian) Print (Student Athlete)

is covered by an individual or family medical health insurance plan including, but not limited to, sports related injuries for participation in interscholastic athletics sponsored, supervised and engaged in at _____
(School Name)

Insurance Provider _____

Type of Coverage _____

Primary Subscriber _____

Group Number _____

Policy Number _____

(Parent/Guardian Signature)

(Date)