

**WHITESBORO CENTRAL SCHOOL
ATHLETIC DEPARTMENT**

“STUDENT ACCIDENT INSURANCE PLAN”

New York State **DOES NOT** mandate its schools to provide Student Accident Insurance. However, the Whitesboro Central School District does offer a **SUPPLEMENTAL** Student Accident Insurance Policy through the Commercial Travelers Mutual Insurance Company.

This insurance policy is set up **SOLELY** as additional coverage to a parent(s)/guardian(s) insurance coverage and pays claims based on a Schedule of Benefits. If the parent(s)/guardian(s) does not have any health insurance coverage, the school will only cover the allotted amount set by the Schedule.

Therefore, Student Accident Claims will NOT be covered at 100%. After the school's insurance processes the claim, if there is a remaining balance to be paid, the parent(s)/guardian(s) are responsible for payment.

Revised: August 7, 2013

“STUDENT ACCIDENT INSURANCE”

I _____ (Parent/Guardian) hereby designate coach _____ of Whitesboro Central School to legally authorize medical treatment for my son/daughter _____ in the event he/she is injured while participating in the sport of _____ when I am unavailable to authorize such treatment. My son/daughter has a history of allergies to: _____ (please be specific). If NONE, please check _____. I have also read and understand the coverage provided my son/daughter as provided under the insurance plan employed by the school district.

(Date)

(Signature of Parent/Guardian)