_____ School District

Athletic Insurance Certification Form

Student's Name: _____

School/District: _____

I hereby certify, under penalty of perjury, that the above-named pupil is covered by valid insurance that provides the following:

(1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts: (Ed. Code 32221)

(a) A group or individual medical plan with accidental benefits of at least two hundred dollars ($200) for each occurrence and major medical coverage of at least ten thousand dollars ($10,000), with no more than one hundred dollars ($100) deductible and no less than eighty percent (80%) payable for each occurrence.
(b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (1,500).
(c) At least one thousand five hundred dollars ($1,500) for all medical and hospital expenses.

(2) I hereby agree that this policy shall not be cancelable without at least 10 days prior written notice to the district.

Insurance protection in any of the above amounts shall be provided through group, blanket, or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school districts or student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents ($3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Department of Industrial Relations of the State of California, effective October 1, 1966 (Ref. Ed. Code 32221)

I will maintain the above coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the above requirements.

_____ _____
Insurance Company Policy/Group No.

_____ _____
Expiration Date of Policy Today's Date

_____ _____
Parent/Guardian Signature Parent/Guardian Name-Please Print