

West Allegheny Marching Band 2011 – FORM 3

INSURANCE VERIFICATION

Student Name: _____

Since 1995, the West Allegheny School District has provided Accident Insurance Coverage for student participants in extra-curricular activities with coverage for the 2011-2012 school year beginning Monday, August 1, 2011.

Family information with regard to student health insurance and hospitalization policies is also essential and must be on file. Please check the appropriate blank, complete the information requested and sign below.

All information remains confidential.

_____ My child is covered with health insurance/hospitalization under a policy as follows:

COMPANY/HMO, ETC.: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

Is this insurance provided by another party other than acquired directly by the family itself? YES NO

If YES, complete the NAME and ADDRESS of the party that provides this insurance:

Any special instructions with insurance policies or HMO? (i.e.. Own doctor notified first)

_____ My child will be covered by insurance purchased through West Allegheny High School for 2009-10a.

_____ My child is covered by public assistance.

_____ My child has no insurance/hospitalization coverage.

Parent Signature

Date