

Paxton-Buckley-Loda Community Unit  
District #10 Schools  
Paxton, Illinois 60957

Accident-Health-Insurance-Waiver  
(To be completed by all students)

The Board of Education of Paxton-Buckley-Loda Community Unit District No. 10 Schools makes available an optional insurance program which students participating in athletics are urged to take. While the school takes every safeguard to prevent accidents, they do occur. Families and participants need protection to cover the cost of such incidents when they happen.

We urge you to read your own policy very carefully and to review it with your agent to be sure that you understand the coverage that you have relative to athletic accidents. **NO INSURANCE POLICY PAYS EVERYTHING. BE SURE THAT YOU UNDERSTAND YOUR POLICY AND/OR THE SCHOOL POLICY IF YOU ELECT TO TAKE IT.**

Please keep in mind that all expenses incurred as a result of ~~athletic~~ injuries are the responsibility of the parents. The school can assume no obligation for such occurrences.

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My child is covered by my family hospitalization and medical insurance. Y N

I understand that I can obtain coverage through a school sponsored plan if I so desire. Y N

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I hereby give my permission for my son/daughter,

\_\_\_\_\_ (full name)

to participate in interscholastic athletics in the Paxton-Buckley-Loda Unit schools during the summer prior to the 2011-2012 school year, and the 2011-2012 school year. I accept full responsibility for medical expenses incurred as a result of participation in interscholastic athletics by my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_