

**DONOVAN UNIT #3 SCHOOLS**

Insurance Waiver

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Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

We the undersigned or guardian of the above named student, do hereby certify that we have health and accident insurance adequate to cover injuries which might occur as a result of our son and/or daughter participating in any activities at school during the 2009-2010 school year. We will assume responsibility for any bills not paid for by our insurance company.

Check one:

\_\_\_\_\_ We carry the school insurance plan.

\_\_\_\_\_ We have our own insurance  
Company \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_