



**Simcoe County District School Board**

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2011-2012: 05  
**FORM 2**

**ACKNOWLEDGEMENT OF STUDENT ACCIDENT INSURANCE FORM**

**SCHOOL NAME:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

The Simcoe County District School Board requires that all students who participate in extra-curricular athletics or out-of-province/out of country field trips **MUST** return this form signed by their parent or guardian. This form offers two options: purchase student accident insurance, or indicate that there is existing health and dental coverage in place. This is a mandatory condition of participation.

Student Accident Insurance is recommended (but optional) for all students.

I/We understand that the Board is not requiring parents to purchase the Board sponsored student accident insurance plan. Student accident insurance can be obtained through any carrier of your choice. Alternately extended health and dental plans may provide the additional coverage.

- I/We have purchased Student Accident Insurance Plan \_\_\_\_\_ (type) through \_\_\_\_\_ Insurance Company.
- I/We have appropriate Extended Health and Dental coverage through another insurance carrier/or workplace plan. The plan is with \_\_\_\_\_ Insurance Company. The plan number is \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Student [if age 18 or older]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian or Student [if age 18 or older]

**Please return this signed form to the student's homeroom teacher**