

MASON COUNTY BOARD OF EDUCATION  
INSURANCE INFORMATION FORM

STUDENT INFORMATION

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PARENTS/GUARDIAN \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

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HEALTH INFORMATION

\_\_\_\_\_ I CERTIFY THAT THE STUDENT IS IN GOOD PHYSICAL HEALTH  
PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

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INSURANCE INFORMATION

AS PARENT OR GUARDIAN OF THE STUDENT IDENTIFIED HEREIN, I UNDERSTAND THAT THE MASON COUNTY BOARD OF EDUCATION IS NOT LIABLE FOR MEDICAL COST RESULTING FROM INJURIES WHICH OCCUR WHILE PARTICIPATING IN THE ATHLETIC/INTRAMURAL ACTIVITIES OF THE MASON COUNTY SCHOOL SYSTEM.

I FURTHER STATE I WILL ACCEPT FULL RESPONSIBILITY FOR THE COST OF TREATING ANY INJURY THE STUDENT IDENTIFIED HEREIN MIGHT SUFFER WHILE PARTICIPATING IN THE ATHLETIC/INTRAMURAL ACTIVITIES AND HAVE INSURANCE COVERAGE IDENTIFIED BELOW.

\_\_\_\_\_ HEALTH/ACCIDENT INSURANCE  
COMPANY NAME: \_\_\_\_\_ POLICY: \_\_\_\_\_  
\_\_\_\_\_ STATE MEDICAL CARD # \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_