

Herbert Hoover High School
5096 Elk River Road North
Elkview, WV 25071
(304)965-3394

VERIFICATION OF INSURANCE FORM

I, the undersigned, as parent or guardian of the child named below, desire that the child participate in athletic program(s) at Herbert Hoover High School. I also understand that the Kanawha County Board of Education and/or Herbert Hoover High School do not carry medical or accidental insurance for students/athletes.

My execution of this release also authorizes routine medical care for my child and treatment not considered routine to be referred to a local physician or medical facility at my expense.

Date _____

Participant's Name _____ Grade _____

Parent/Guardian Name _____

Complete Home Address _____

Home Telephone _____ Work Telephone _____

Parent/Guardian SIGNATURE _____

____ I do have health & accident insurance on the student listed above. You may provide a photo copy of your Insurance Card or provide the Insurance Company & policy # below.

_____ Insurance Company _____ Policy Number _____

____ I do not have health & accident insurance on the student listed above.

***If you do not currently have medical insurance, you **MUST ACQUIRE** an insurance policy to cover your child before he/she can participate in any extra-curricular activities. You can obtain an insurance form from Head Coach/Sponsor. School insurance may also be purchased as second insurance for additional coverage in case of injury.

***It is necessary that this form be **RETURNED IMMEDIATELY** to your child's coach/sponsor.

***If for some reason your insurance should be terminated during the season/school year, please notify your child's coach or the Athletic Director, Jerry Legg, at the school.