

# Medical Insurance Responsibility Form

The Northwestern Local Schools' Athletic Department requests an indication of the type of medical coverage your son/daughter will have should an injury occur during his/her participation as a member of an Northwestern athletic team.

The responsibility of financial burden rests with the parent/guardian of the participant. You **MUST** have some type of insurance to participate in athletics at Northwestern. If you do not have medical coverage, you may purchase insurance for your son/daughter from the Stidham Insurance Agency (information enclosed) or from some other source.

Please check the space below that describes the coverage your son/daughter will have:

\_\_\_\_\_ School Insurance Plan  
Date insurance was ordered & payment sent: \_\_\_\_\_

\_\_\_\_\_ Employer's Hospitalization Plan  
\_\_\_\_\_  
Place of Employment  
\_\_\_\_\_  
Insurance Company & Policy #

\_\_\_\_\_ Independent Hospitalization Plan  
\_\_\_\_\_  
Insurance Company & Policy #

As parent/guardian of (*print student-athlete name*) \_\_\_\_\_,  
I verify that the information given above is accurate:

\_\_\_\_\_  
Print Parent/Guardian Name                      Parent/Guardian Signature                      Date

