



Pontiac Christian School
STUDENT HEALTH INSURANCE WAIVER
2016-2017

Name of Student _____
Last Name First Name Middle Name

Student's Grade _____ Student's Birthdate _____

THIS WAIVER WILL BE CONSIDERED FOR THE CURRENT SCHOOL YEAR'S ATHLETIC PROGRAMS AT PONTIAC CHRISTIAN SCHOOL.

Instructions:

1. Complete all information on this form.
2. Present a copy of insurance ID card, including the policy number.
3. Return NO LATER than the first day of practice for the specific sport. Return the form and a copy of insurance ID card to Pontiac Christian School. The form may also be mailed to Pontiac Christian School, 18034 N. 2100 East Road, Pontiac, IL 61764

Name of insurance company _____

Policy deductible or co-pay amount _____ Benefits covered at what percent? _____

Parent in whose name the policy is written _____

Name and telephone number of employer (if group insurance) _____

Please read the following carefully:

My signature at the end of this statement certifies the accuracy of the preceding statements and acknowledges an understanding of the fact that my child is presently and will continue to be covered under an outside health insurance plan. I understand that if I furnish false information to school officials that it is a violation of School Board regulations. I certify that I will be covered by the above insurance which will REMAIN IN EFFECT THROUGHOUT THE STUDENT'S PARTICIPATION IN ATHLETICS AT PONTIAC CHRISTIAN SCHOOL. I understand that should my coverage listed above terminate, I may apply for the Student Health Insurance Program by providing written documentation of the date of termination from the insurance company listed above to the school office.

Signature of parent/guardian

Date