

Parents,

## ATHLETIC MEDICAL/INSURANCE INFORMATION FORM

Monday, June 7 the Mayflower School Board decided to discontinue purchasing Accidental Supplemental Insurance for Athletes grades 7-12. The decision was made because of the cost of the policy and most Athletes are already covered by their parent's policy.

We are concerned for the Health and Safety of our Athletes and realize that injuries are often a part of Athletics. Because of this we will now require that an **Athletic Medical/Insurance Form** be filled out before participation. The form can be found at the Mayflower High School web site, High School /Middle offices, or coach's offices. Return the form to Coaches or the High/Middle School offices by July 31 in order for your child to participate after that date.

If your child is not covered by an insurance policy Mayflower High School will provide a policy that may be purchased or **ARKids First ([www.arkidsfirst.com](http://www.arkidsfirst.com))** may be an option if you qualify. If there are problems or concerns about the availability of insurance for your child please inform your child's Coach or Administrator.

Please list all medications your son/daughter takes on a regular basis.

Thanks

Mayflower Athletic Department

Parent or Guardian's Phone

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Student's Insurance Information

1. Under whose name is student listed: \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_

3. Group Number: \_\_\_\_\_

4. Attach a copy of your Insurance Card.

Emergency Contact (other than parent)

Name: \_\_\_\_\_

Number: \_\_\_\_\_