

TO: Collinsville Community Unit School District No. 10

SUBJECT: Rejection of Student Insurance for Athletic Competition

Because my child is adequately covered by comparable, individually owned insurance or protected by medical coverage of the Government of the United States, I reject available school insurance, and request that my child _____ be allowed to participate in athletics without being covered by student insurance.

In the event my child may be injured while participating in school athletic activities or activities relating thereto, I release Collinsville Community Unit School District No. 10 from any liability.

Signature of parent or legal guardian
of above named student

Address

Date