

ATHLETE'S NAME _____

ROBERT C. BYRD HIGH SCHOOL ATHLETIC INSURANCE VERIFICATION FORM

Robert C. Byrd High School does not carry athletic accident insurance. Therefore, it is the sole responsibility of the parent/guardian of each athlete to make certain that he/she has one or more of the following plans in force and certifies that one or more of the policies are in effect and remain in effect during the athlete's participation in athletic events. If not in effect, the school must be notified immediately.

1 Individual or Group Health/Accident Insurance:

(Company Name) (Policy No.) Parent's Signature

2. Special Insurance purchased for football only:

(Company Name) (Policy No.) Parent's Signature

3. Student Classroom Accident Insurance:

(Company Name) (Policy No.) Parent's Signature

STATE OF WEST VIRGINIA
COUNTY OF HARRISON

The foregoing instrument was acknowledged before me this _____ day of _____, 19____, by _____

My commission expires _____

Notary Public

**HARRISON COUNTY STUDENTS
SECONDARY, NOTRE DAME AND 13TH YEAR
NO MONEY INVOLVED**

HOSPITALIZATION INSURANCE VERIFICATION

The United Technical Center, being a vocational-technical facility in which students perform "hands on" tasks, necessitates each student having some type of hospitalization in case of an accident. Even though the strictest safety procedures are continually enforced, accidents do occur. In case of an accident, the United Technical Center always attempts to contact the parents, but if neither parent or guardian can be reached and the student must be taken to the hospital, we must know with whom the student has insurance coverage.

PLEASE FILL OUT THIS FORM COMPLETELY

Name of Student		Home Telephone Number	
Street/Rentel/Box		City	State
			Zip

IN CASE OF EMERGENCY CONTACT:

Name	Relationship	Telephone	Location
Name	Relationship	Telephone	Location
Name	Relationship	Telephone	Location

INSURANCE COVERAGE PROVIDED BY:

Company Name	Policy # or Agent
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I give my permission to United Hospital Center to provide emergency treatment to _____ after all reasonable efforts have been made to contact me.

(Student)

Signature of Parent/Guardian

This statement must be signed by parent/guardian before any hospital will give emergency treatment without the parent or guardian being present.

This form will be kept in the student's file at United Technical Center for reference in case an accident should occur. It will be presented to the emergency room officials should your child need such services.