

Bishop England High School
363 Seven Farms Drive
Charleston, SC 29492-7534

ATHLETIC DEPARTMENT
PHONE (843) 849-9599
EXT. 153

ATHLETIC INSURANCE REPORT

My son/daughter _____ has adequate health coverage with:

Name of Insurance Co. _____

Insurance Co. Policy Number _____

Date of Policy _____

INSURANCE: student accident insurance is provided to all students at no cost. This policy insures the student to and from school, during school, and while participating in school-sponsored programs. A separate brochure explaining this coverage can be obtained from the school. Students participating in competitive sports, including football, will be covered.

A twenty-four hour policy is available to students – information may be obtained through the school office.

ALL ATHLETES AND CHEERLEADERS MUST PAY A \$5.00 FEE (per year) to cover their PARTICIPATION in CATASTROPHIC INSURANCE COVERAGE. This particular coverage has been mandated by The High School League, and DOES NOT SERVE IN PLACE OF MEDICAL COVERAGE. The catastrophic coverage begins at \$25,000 and continues to \$5,000,000.

I accept full responsibility for any emergency medical service, which may be deemed necessary by the coaching staff arising from his/her participation in athletics

(Date)

(Signature of Parent/Guardian)

Please list any allergies to medicine that your son/daughter might have or any medication he/she might be taking:

Parent/Guardian Phone Numbers

Emergency Contacts/Phone No.
