

**BUNKER HILL COMMUNITY UNIT NO. 8**  
**PARENT/STUDENT STATEMENT**  
**OF INSURANCE COVERAGE**  
**2015-2016**

The Board of Education and school personnel of the Bunker Hill School District are vitally interested in the safety and well-being of our student athletes. We are concerned that students who participate in extra-curricular athletic programs have adequate insurance coverage in case of injury.

All students participating in an extra-curricular activity must be covered by a health insurance provider. Information has been supplied at school registration to all students of an insurance plan that has been approved by the Board of Education. Additional information on this insurance policy can be obtained at Superintendent's office.

If a parent/student desires, coverage may be obtained on an individual basis. You must provide an indication of your own policy to the school of enrollment in order to meet this requirement for participation.

\_\_\_\_\_ I have purchased school insurance so that my child may participate in Bunker Hill athletics. (Proof of purchase attached)

\_\_\_\_\_ I have been informed concerning the insurance program and do not wish to participate in the school insurance program. My child is adequately covered by a health insurance policy. (Proof of coverage attached)

\_\_\_\_\_ I have an alternative coverage as noted: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Please list all sports your child wishes to participate in this school year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_