

LHSPLA HEALTH INSURANCE INFORMATION FORM

Injury claims that occur during a sanctioned meet are the responsibility of the individual participant and his/her health insurance provider. This form and a properly executed meet waiver shall be turned into the meet director before participation in a LHSPLA sanctioned meet. Schools with group policies may submit a letter with their group policy information with a certified list of covered students. The meet director may amend this policy at a LHSPLA sanctioned meet to accommodate unique circumstances.

I have read and understand the above information.

My child, _____ Date of Birth _____

Who currently attends _____ High School.

Is covered by:

Regular/Indemnity _____

PPO _____

HMO _____

Point of Service _____

Medicaid _____

Name of Insurance Company: _____

Name of Policyholder: _____

Social Security Number of Policyholder: _____ - _____ - _____

Policy Number: _____

Group Name or Number: _____

Signature of Parent or Guardian

Date

COMPLETE THIS FORM IN INK