

**PENNSBURY SCHOOL DISTRICT  
ATHLETIC OFFICE**

**JUNE 2008**

TO: PENNSBURY PARENTS

FR: DAVID P. PATTERSON, ED. D. - ASSISTANT PRINCIPAL ,  
ATHLETICS, HEALTH & PHYSICAL EDUCATION COORDINATOR

RE: MEDICAL ACCIDENT INSURANCE

The Pennsbury School District will not provide medical accident insurance for those students participating in interscholastic sports or intramurals. The only exception is the catastrophic football insurance we carry for grades 9-10-11-12.

The school district will make available on a voluntary basis student accident coverage, which includes participation in school-time activities (physical education) and interscholastic sports and intramurals. If interested, contact Pupil Services, in Fallsington, at (215) 428-4100 extension 10024. Benefits will be paid on a primary basis in addition to any other insurance in effect.

It is recommended that if you do not have medical insurance you should purchase the voluntary coverage if your son/daughter plans to participate in interscholastic sports for intramural activities.

In order for your child to begin practice, tryout for any team and participate in athletics, please complete the permission and insurance form below and return to the respective sport coach.

Thank you for your understanding and cooperation.

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\_\_\_\_\_ has my permission to  
First Name Last Name

participate in the Pennsbury School District Interscholastic Athletic Program for the **FALL 2008** season in  
(school year)

**GIRLS VOLLEYBALL** at **PENNSBURY HIGH SCHOOL**  
Sport School

1. ( ) My insurance policy provides adequate coverage in the event of an injury, and I will be responsible for those expenses which may be in excess of the limits of my policy.
2. ( ) I am uninsured but will assume full responsibility for any medical and hospital bill related to injuries my son/daughter may sustain while participating in the \_\_\_\_\_ program.  
sport
3. ( ) I have purchased school insurance for my son/daughter.

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Signature of parent or guardian Date