

Jackson County Central Schools PARENTAL INSURANCE WAIVER

1128 N Hwy Phone: 507-847-5310
PO Box 119 Fax: 507-847-3078
Jackson, MN 56143

Todd Meyer, Superintendent
Larry Traetow, HS Principal

"Student's Name"

"Parent's Signature"

We have adequate insurance to protect our son/daughter in case of an accident.

The program is underwritten by Security Life Insurance Company of America located in Minnetonka, MN
and administered by Student Assurance Services, Inc. of Stillwater, MN.

**The school district does not provide any type of health or accident insurance
for injures incurred by your child at school.**

REASON'S TO PURCHASE THIS COVERAGE: Forms are available in the athletic office and from coaches.

1. Deductibles and co-pay's in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance. - This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay. If you have no other insurance this will become your primary accident plan.

To purchase coverage:

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to: STUDENT ASSURANCE SERVICES, INC.
3. Print student's name on the face of the check.
4. Detach and retain the summary of coverage and return the envelope to school within 10 days. Coverage does not become effective until the premium is received by the School.
5. All questions regarding the coverage should be directed to
United Prairie Insurance Agency at (507) 847-4541 or directly to
Student Assurance Services, Inc., at (651) 439-7098 or toll free 1-800-328-2739.

Please sign and return the information above if you already have adequate insurance.

PLEASE READ & SIGN NEXT PAGE!

Jackson County Central Schools

Free & Reduced Lunch Waiver

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I do hereby grant the Jackson County Central Business Office permission to release my child's/children's meal eligibility status to the Jackson County Central Athletic Department.

This information will be used to determine if your child/children will qualify for a reduced fee in 7th -12th grade activities.

Failure to sign the waiver will not affect eligibility or participation in activities.

Student Name(s) & Grade(s) _____

Parent/Guardian Signature: _____

Date: _____

PLEASE READ & SIGN!