

**CANTON UNION SCHOOL DISTRICT #66
REQUEST FOR WAIVER OF INSURANCE COVERAGE**

I understand my child MAY NOT participate in certain classes (machine technology, auto mechanics, woods, building trades, wood construction, agriculture) nor any interscholastic athletic program unless covered under a program of accident insurance.

I have carefully considered the insurance plan offered by Canton Union School District #66 insuring students against financial loss which might be occasioned by injuries.

I have adequate insurance of this nature for my child _____ and do not
NAME OF STUDENT

wish to enroll him/her in the school district's insurance program.

I accept full responsibility for the cost of medical treatment for any injury which my child might suffer as a result of participation in school district programs.

Please waive your normal requirement respecting insurance and permit my child to take part in classes and/or interscholastic athletic competition noted above.

DATE

STUDENT

PARENT/GUARDIAN

Please list programs which your child is enrolled or in which he/she intends to participate in this year.

ATHLETICS

CLASSES

