

East Dubuque School District #119

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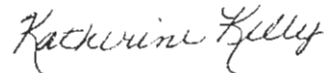
Superintendent of Schools
Katherine Kelly

INSURANCE SIGN-OFF FORM

DEAR PARENT/GUARDIAN:

Any child participating in extracurricular sports must be covered under a health and accident insurance policy. Please complete the form below and return it to the coach.

Sincerely,



Katherine Kelly
Superintendent of Schools

We, the parents of _____, do hereby certify that our above named child is currently covered under a health and accident policy with _____.

Parent Signature

Date

Insurance Company Agent

Date

Student

Date