



CHANDLER UNIFIED SCHOOL DISTRICT

INSURANCE INFORMATION

Student Name _____

Student ID _____ Grade _____

Accident insurance is required for a student to participate in an athletic or vocational work/study program.

Please complete the following:

NAME OF INSURANCE COMPANY COVERING STUDENT:

Policy No: _____ Group No: _____

Effective Date: _____

Student is covered by School Insurance: Yes No

At-School Protection? ____ 24-Hour Protection? ____

Parent/Guardian Signature _____

Address _____

City _____ State _____ Zip _____



CHANDLER UNIFIED SCHOOL DISTRICT

EMERGENCY INFORMATION

Student Name _____

Grade _____ Sport _____

I, _____,
(Print Parent/Guardian Name)

authorize the school administration and/or athletic coach to seek medical aid, as deemed necessary, for my son/daughter in the event I cannot be contacted.

Parent/Guardian Signature _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Telephone _____

Name of Doctor _____

Telephone _____

Insurance Company _____