

Rushford-Peterson  
Independent School District #239  
102 North Mill Street  
PO Box 627  
Rushford MN 55971

Dear Parents/Guardians:

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

We encourage all families to have accident coverage on their children, prior to participation in any *sports or school sponsored activity*. Please read the entire policy offering to determine if this program is a needed supplement to your own primary health insurance. If you feel your coverage is adequate, please sign the bottom of this letter and return to the athletic director.

Please sign and return form below if you already have adequate insurance.

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### Parental Insurance Waiver

Student's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports.

Parent's/Guardian's

Signature \_\_\_\_\_ Date \_\_\_\_\_