

Loudoun County Public Schools

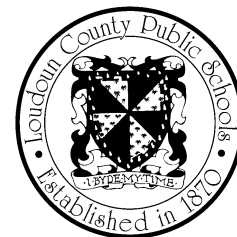
Business & Financial Services

Division of Risk Management

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!!IMPORTANT NOTICE!!

Loudoun County Public Schools does not carry medical or accident insurance to cover students injured while participating in school athletic activities.

Dear Parents and Athletes:

Please note you will receive information regarding the opportunity to voluntarily purchase **Student Accident Insurance** providing **excess** accident insurance coverage for all sports and school activities **except Football**.

Football participants will have the opportunity to voluntarily purchase **Student Football Accident Insurance** providing excess accident insurance coverage for **Football** activities only. Please take time to carefully review the accident insurance information and consider this option that is being made available to you. Participation in athletic activities can be dangerous and lead to serious injuries requiring very costly medical attention.

Loudoun County Public Schools carries liability insurance for incidents that are determined by the insurance carrier to have been caused by gross negligence on the part of the school system. These are the only instances that medical bills might be paid by the school system. Therefore, proof of medical or accident insurance coverage is required for students' participation in LCPS Athletic Programs.

The Voluntary Student Accident and Football Accident Insurance offers optional benefit plans of coverage from which you may choose. If you already have insurance coverage through another policy, these accident plans pay benefits for those eligible expenses **in excess of** and not paid by your primary insurance.

If there is no other available insurance to you, the purchase of the Voluntary Student Accident and Football Accident Insurance coverage **will provide primary insurance protection** for the student athlete. Enrollment in one or both of these applicable plans should be carefully considered.

Please acknowledge below your understanding of this information and return this form to the student's coach.

I, _____, am the parent/legal guardian of (*student's name*) _____. I have read the above information and understand that Loudoun County Public Schools **does not** carry accident insurance to cover student injuries while participating in school sponsored athletic activities. I also understand that proof of insurance coverage is required for student participation in the LCPS Athletic Programs.

(Parent/Legal Guardian—Signature)

(Date)