

**Athletic Insurance Waiver
K-12**

ATHLETIC TEAM MEMBERS INSURANCE

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury.

Pursuant to Education Code 32220, “member of an athletic team” also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangements of the district or a student body organization, to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Pursuant to Education Code 32221, the insurance shall provide the following coverage:

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization
2. Participation in practice for an athletic event
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event

The insurance required by this policy and Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

The Governing Board shall make an insurance plan available for purchase by students participating in athletic events as provided by Education Code 32221.

The Board shall authorize the expenditure of district or student body funds for the purchase of insurance for those students whose parents/guardians are unable to pay for the cost of the insurance. (Education Code 32221)

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Under State law, school districts are required to ensure that all members of the school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling _____ [insert toll free telephone number].

Board Policy Approved _____

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**Athletic Insurance Notice
Authorization & Consent for Medical Treatment**

ATHLETIC TEAM MEMBERS INSURANCE

- S A M P L E -

I have health insurance that meets the requirements under the California Education Code Section 32221.

Athletic Team/Sport: _____

Student's Name: _____

Insured Name: _____

Insurance Company: _____

Policy/I.D. Number: _____

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize the district, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian signature: _____ Date: _____

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Athletic Insurance Waiver

- S A M P L E -

I have private health insurance, which meets the requirements under the Education Code Section 32221.

Student's Name: _____

Subscriber Name: _____

Name of
Insurance Company: _____

I.D. Number: _____

Parent/
Guardian Signature: _____

Date: _____

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