

**Pendleton School District 16R
2011 – 2012 School Year**

Re: Student Injuries and Insurance

Dear Parent,

Your child’s school district does not provide medical insurance coverage for school accidents. This means that you are responsible for the medical bills if your child get hurt during school activities. The accompanying student accident/health insurance plans are offered to help you pay those bills.

Many coverage options are available. The Student Health Care and High Option 24-Hour Accident plans are especially recommended for those students with no other insurance because they provide the most help when injuries occur. Student Health Care covers illness as well as injury, 24 hours a day. We recommend the consideration of the high option plans for students participating in interscholastic sports.

If you are participating in football and you desire insurance coverage you must select the “Interscholastic Tackle Football” coverage option. This can be selected separately or as additional coverage to the Accident Plan options – either 24-hour coverage or School Time only coverage.

If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e. deductibles and co-payments). Also, the student insurance plan allows you to take your child to any doctor or hospital you choose.

Please read your brochure carefully. If you have any questions, please call the plan administrator, Myers-Stevens & Toohey & Co., Inc., at (800) 827-4695, or (949) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and send it back to the school immediately.

Sincerely,

**Michelle Jones
Director of Business Services**

As parent/guardian of _____, I understand that the School District does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

_____ I will enroll my child in this program

_____ I will not enroll my child in the program

Signed _____

Date _____