



TO: Parent(s)/Guardian(s)/Adult Student

FROM: School Principal

DATE: August 30, 2012

SUBJECT: **STUDENT ACCIDENT INSURANCE ACKNOWLEDGEMENT**
- **2012/2013 SCHOOL YEAR**

Dear Parent(s)/Guardian(s)/Adult Student:

The Student Accident Insurance Acknowledgement must be completed and signed by the parent(s)/guardian(s) of students who wish to participate in out-of-school excursions or extra-curricular sports activities, as well as by any participating adult student. This acknowledgement will be kept on file at the school, and will be valid throughout the current school year. Please note that individual permission forms will still be required for each extra-curricular activity/excursion which the student wishes to participate in.

I acknowledge that the Dufferin-Peel Catholic District School Board does not provide accident or life insurance for students.

I acknowledge that I have received a copy of the 2012 student accident insurance brochure entitled 'insuremykids Protection Plan'.

I grant permission for my son/daughter/ward to participate in extra-curricular sports' activities/excursions and acknowledge receipt of information regarding student accident insurance.

Student Name: _____

Grade/Home Room Teacher: _____

Print Name: _____
(Parent, Guardian/Adult Student)

Signature: _____
(Parent, Guardian/Adult Student)

Date: _____

(September 2012)