Derby Public Schools Insurance Waiver

I, ____________________________, parent or guardian of ____________________________, decline the offer to purchase student insurance. ____________________________ participation in student activities will be covered under the following insurance plan.

Detain Insurance Coverage

Type of Plan:

1. ____________________________ Membership # ____________________________

2. ____________________________ Membership # ____________________________

3. ____________________________ Membership # ____________________________

Check One:

☐ Individual Family Coverage

☐ Group Family Coverage

If Group Coverage

Name of Employer: ____________________________

Address of Employer: ____________________________

Telephone Number: ____________________________

I understand the Derby Public Schools’ insurance is excess coverage. Students must provide individual basic coverage when participating in school activities.

__________________________________________ Date

Parent / Guardian Signature

__________________________________________ Date

Superintendent

__________________________________________ Date

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