SS PETER AND PAUL CATHOLIC SCHOOL
ATHLETIC PROOF OF INSURANCE FORM
GRADES 5-8

Family Name:

Home Address: City: State: Zip Code:
Home Phone:
Email address:

Mother's/Guardian's Name: Primary Ph #:
Father's/Guardian's Name: Primary Ph #:

STUDENT INSURANCE COVERAGE INFORMATION (REQUIRED)

Students at SS. Peter and Paul school may not participate in school athletics if the parents do not have insurance to cover health/accidents at school.

Insurance Co Name:
Policy #:
Phone# / Address:

Family Physician:
Phone #

Fall 2009

Student Name: Grade:
Allergies/Medical Condition:

Student Name: Grade:
Allergies/Medical Condition

Student Name: Grade:
Allergies/Medical Condition

Signature of Parent/Guardian: _____ Date_____