

SOUDERTON AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

INSURANCE WAIVER FORM #44

Student Participation in Interscholastic Sports

School _____ Grade _____

I hereby give permission for my son/daughter, _____,
Student's Name

to participate in interscholastic sports without enrolling in the student accident insurance plan. In the event an injury should occur, I will pay any medical expenses either through my own insurance plan or through personal financial resources.

Date

Parent/Guardian Signature

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