

**SPOON RIVER VALLEY  
INSURANCE WAIVER  
FOR  
2007-2008 SCHOOL YEAR**

Date: \_\_\_\_\_

**To: The Board of Education, Spoon River Valley District #4**

I certify that adequate coverage is provided by

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(Insurance company)

for \_\_\_\_\_  
(Student's name)

We hereby release the school personnel and the Board of Education from any responsibility for medical expenses incurred while our children are participating in school programs.

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(parent/guardian signature)

**EMERGENCY MEDICAL INFORMATION:**

If I cannot be reached, and if in the judgement of school authorities, immediate medical attention is indicated, I authorize responsible school personnel to send my child to an available doctor or hospital.

Doctor preference: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

If a parent/guardian cannot be reached to be informed of an accident, who is the next person that we should notify?

Name: \_\_\_\_\_ Phone \_\_\_\_\_