



Simcoe Muskoka Catholic District School Board
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Acknowledgement of Student Insurance

SCHOOL NAME: _____

STUDENT NAME: _____

I/We understand that the Simcoe Muskoka Catholic District School Board has a new direction whereby all children who participate in co-curricular athletics are strongly suggested to have Student Accident Insurance and/or Extended Health and Dental coverage.

I/We understand that the Board is not requiring parents to purchase the Board sponsored student accident insurance plan. Student accident insurance can be obtained through insuremykids®. Alternately, extended health and dental plans through workplace or other personally obtained benefit plan may provide the additional coverage.

I/We have purchased Student Accident Insurance Plan through insuremykids®.

I/We have appropriate Extended Health and Dental coverage through another insurance carrier i.e., workplace plan.

I/We decline to insure the above named student. I/We fully understand that the Simcoe Muskoka Catholic District School Board does not provide accident insurance for student injuries that occur on school premises or during school activities, including but not limited to ambulance fees, crutches, casts, splints, rehabilitation, dental surgery or repair. I/We further understand that participation in extra-curricular athletics presents a higher risk of injury to the above named student.

Signature of Parent/Guardian or Student [if age 18 or older]

Date

Printed Name