

Family Name: _____

Date: _____

**Lake George Charter School
INSURANCE INFORMATION FORM**

(One form per family is sufficient.)

Listed below is my personal provider:

Insurance Company: _____

Policy Number: _____

Medicaid: _____

1. _____ I **DO NOT** have any insurance and understand that my student will not be able to participate in any type of sports or winter activities without insurance.

2. _____ Yes, I wish to purchase student accident insurance from Summit America Insurance Services.

Please provide me with the necessary form.

_____ Plan 1 – Deluxe 24 Hour A Day Protection. This is required for sports and winter activities unless adequate personal coverage is provided.

_____ Plan 2 – Economy at School Protection

_____ Extended Dental option is offered with each plan.

3. _____ NO, I do not wish to purchase accident insurance.

Student's Name: _____

Student's Name: _____

Student's Name: _____

Parent's Signature: **X** _____

**This form must be completed and on file in your school office whether
SPORTS OR WINTER ACTIVITIES participation occurs or not.**