

Beauregard High School / Sanford Middle School
Health/Accident Insurance Information

and
Guarantee of Payment Form

(Print using a black or blue ink pen.)

School (check one): ___ Sanford Middle School ___ Beauregard High School

Grade (check one): ___ 6 / ___ 7 / ___ 8 / ___ 9 / ___ 10 / ___ 11 / ___ 12

The information on this page of the document must be completed appropriately for this form to be accepted. All information must be accurate and current. (If information changes, please submit a new updated form.)

Health/Accident Insurance Information:

A copy of the front and back of your insurance/ALL Kids card, etc. must be attached to this form.

Health/Accident Insurance Co.: _____

Group: _____ Policy Number: _____

Phone Number for Verification: (____) _____ - _____ (List the phone number for coverage verification/approval.)

The portion of the form below is only to be completed if a student is not covered under a health/accident insurance policy.

Guarantee of Payment Statement:

Student's Name: _____

Parent's or Guardian's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number (one in which you can be contacted): _____

My child, _____ (print name) is not currently covered under any health insurance policy.

In the event of a medical emergency, while participating as a member of the Beauregard High School and/or Sanford Middle School Band Programs, I agree to be responsible for paying any medical costs/expenses incurred as a result of illness or injury in the event that my child is treated at any medical facility as deemed appropriate and/or necessary by the band director, his designee (another adult in possession of this form), or a school or school system administrator.

I attest that the address above is a valid address for billing purposes.

Parent's or Guardian's Signature: _____ Date: _____

Print Name: _____