Dear Parent/Guardian:

Children are particularly susceptible to accidents, and since the school does not provide any type of health or accident insurance for injuries incurred by your child/ren at school, or when they participate in school sponsored sports and activities, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate.

If your child/ren does not have health insurance, they may qualify for the South Dakota Children's Health Insurance Program (CHIP). For more information on this program contact the Children's Health Insurance Program at 1-800-305-3064.

Accidental Dental Coverage is also available through Delta Dental. Applications for coverage under the accidental dental plan should be mailed directly to the service provider, Delta Dental. This form can be found on-line at www.deltadentalsd.com. (It is on the right hand side of the web page under Dental Accident Plan Enrollment.) or you can pick up a form from the school business office. If you have questions about this program, call/write or go to their web site. Delta Dental, PO Box 1157, Pierre, SD 57501 or call 1-800-627-3961.

PARENTAL INSURANCE WAIVER

Sign & return to school
1 per family

We have adequate insurance to protect our son/daughter in case of accident, including practice and participation in interscholastic sports.

_____
Parent/Guardian Signature Date

Print Name_____