

Snohomish School District No. 201
Snohomish, Washington

Verification of Insurance Coverage (Out-of-Country)

Name: _____ School: _____

Address: _____

Phone Number: _____ Emergency Phone: _____

Trip Destination/Dates: _____

1) I understand that my student cannot participate in the above-mentioned trip unless he/she is covered by the Out-of-Country Medical Coverage Plan or an equal plan provided by the family. My student _____ is covered by:

_____ Out-of-Country Medical Coverage Plan _____
Name of Policy and Plan number

_____ Private Family Coverage Plan _____
Name of Policy and Plan number

Please attach proof of insurance.

2) Please identify any special medical needs, conditions or medications your student currently has.

I certify that I have insurance coverage, the equivalent or better than the School District requires for doctor's services or hospitalization as well as executive assistance (emergency medical evacuation or repatriation) and will continue to keep the coverage in force throughout the duration of the trip. I also accept full responsibility for the cost of treatment for an injury which my student may suffer while participating in this trip and hold harmless and indemnify the School District from all claims, liability, actions or lawsuits, except for acts or omissions of the School District involving the sole negligence of the School District.

I authorize the district staff to obtain emergency care for my student because of accident, injury, illness and/or unforeseen circumstances. I understand that the District and its staff member will **not** assume any financial liability for the expenses incurred while obtaining the emergency care.

Parent/Guardian Signature

Date