



*Lexington  
Public Schools*

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INSURANCE

It is the policy of Lexington Public Schools that all students participating in athletic activities provide the school with proof of medical insurance coverage. This policy is designated to protect your child and to ensure that he/she receives prompt and quality care in the event that they should become injured. If you do not currently have health insurance, independent coverage is available through the K & K student insurance plan, a subsidiary of Aon Corporation. The insurance is offered for your convenience and neither the school officials nor any school is compensated in any way by the insurance company. This accident insurance policy is available at a low premium. Forms for sign up are available through the link on our website at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). You will be able to select which coverage best suits your needs. We encourage you to take advantage of this program if your child does not have coverage otherwise.

***Lexington Public Schools cannot be held responsible for any medical expenses that may result from your child's participation in extracurricular activities.***

Please sign the consent form below and return it on the date of the physical screenings.

Thank you

Brian Snow  
Athletic Director, Lexington Public Schools

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I consent to allow my child to participate in school activities, and I understand that the school is not responsible for any expenses that occur as a result of this activity.

\*Parent Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Print Student Name: \_\_\_\_\_

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In regard to insurance, one of the two statements that follow must be signed, NOT BOTH

1) We have adequate insurance and do not wish to participate in the above mentioned insurance plan.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

2) We are participating in the above mentioned insurance plan.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

\* Required