



**Permission/Student Accident Insurance**

This is to certify that my daughter/son \_\_\_\_\_ has my permission to participate in a Keene High School interscholastic athletic program this school year.

Please indicate the insurance coverage you will provide for your daughter/son.

**1. My daughter/son is covered by private insurance:**

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Name of Company

Policy Number

**2. My daughter/son is covered by Medicaid.**

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Medicaid Number

**3. My son/daughter will purchase the school Student Accident Medical Insurance Protection policy through Lefebvre Insurance, LLC. (NOTE: Football players will need to complete a separate rider available in the Athletic Office). This policy will give him/her coverage during any school activity.**

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Parent's or Guardian's Signature

Date

**Waiver of Liability**

We the parent(s) will also not hold any school official and/or staff member responsible for any accident incurred through participation by my son/daughter in the school's interscholastic athletic program.

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Parent's or Guardian's Signature

Date