



DIETRICH SCHOOL DISTRICT NO. 314
406 North Park
Dietrich, Idaho 83324
Phone: (208) 544-2158 Fax: (208) 544-2832

Dear Parents/Guardians:

NOTE: THIS FORM MUST BE COMPLETED BY ATHLETES AND RETURNED TO THEIR COACH PRIOR TO BEGINNING PRACTICE:

ACCORDING TO BOARD POLICY, ALL STUDENTS IN GRADES 6-12 NEED TO FURNISH PROOF OF SOME TYPE OF HEALTH AND ACCIDENT INSURANCE COVERAGE PRIOR TO PARTICIPATING IN ATHLETICS.

The insurance coverage may be from a private carrier, such as Blue Cross, Blue Shield, and Medicaid etc. or may be obtained from a carrier that offers supplementary insurance to schools. The company authorized in this District is:

Special Markets Insurance Consultants, Inc.
(underwritten by Gerber Life Insurance Company)
1265 Main Street, Suite 202
Stevens Point, WI 54481

To apply for coverage, please enroll on-line with a credit card at www.k12specialmarkets.com or complete the form available at the Dist. Office, mail it, along with your check or money order to the above address. (Please, make checks/money orders payable to: Gerber Life Insurance Company, *Please write student's name on the front of check)

Students planning to participate in either volleyball, football, cross country, basketball, track or cheerleading will be informed of this supplementary insurance at their first meeting with the coaches. Insurance from SMIC is obtained directly from the company and **not** through the School District. Forms may be requested from the School office.

NOTE: It is important to note that the District **does not** cover students for injuries at school, other than catastrophic insurance and liability insurance. Specifically, "It is the policy of the Dietrich School District #314 that the School District does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The District carries only legal liability insurance."



My student: _____ is covered for health and accident.
(name of student)

By: _____ insurance company.
(name of company)

(Parent/guardian Signature)

(Date)