

**LISBON EXEMPTED VILLAGE SCHOOL DISTRICT
317 NORTH MARKET STREET
LISBON, OHIO 44512**

**LISBON DAVID ANDERSON JR-SR HIGH SCHOOL
ATHLETIC DEPARTMENT**

TO WHOM IT MAY CONCERN:

This is to inform the Lisbon School District that our son/daughter
_____ is fully covered by our hospitalization plan.
(Student's Full Name)

We request that he/she not be required to participate in the school adopted
extra -curricular accident insurance.

Our family hospitalization is: _____
(Full Name of Insurance Company)

(Street Address) (City) (State) (Zip Code)

This statement relieves the Lisbon Exempted Village Board of Education and
the Athletic Department of all responsibility in the event of an injury to our
child. If for any reason the aforementioned family hospitalization insurance
coverage on our child should terminate, we shall notify immediately in writing
the principal of the high school.

_____ (Parent/Guardian Signature)

_____ (Street Address)

_____ (City)

_____ (Cell/Home Phone Number)

_____ (Work Phone Number)

