



MILLIKAN HIGH SCHOOL
Office of the Athletic Administrator

ATHLETIC INSURANCE INFORMATION

The California Education Code, Section 32221, requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- (a) A group or individual medical plan with accidental benefits of at least Two hundred dollars (\$200) for each occurrence and major medical Coverage of at least ten thousand dollars (\$10,000) with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
- (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).
- (c) At least one thousand five hundred dollars (\$1,500) for all such medical and hospital expenses.

The insurance required by this section shall not be required for any student who has such insurance, or a reasonable equivalent of health benefits, coverage provided for him in any other way or manner; including, but not limited to, coverage purchased by himself or by his parent or guardian.

You may send a check to purchase accident insurance from Myers-Stevens in order to meet the requirements of the California law. They provide Tackle Football Insurance (covers tackle football only), School Time Insurance (covers sports other than football), or Full Time Insurance (covers sports other than football).

If you have health and accident insurance for your son/daughter, which meets the requirements of California law, and elect not to purchase student insurance, list the information requested on the Athletic Clearance Card to meet our requirements.

Please promptly notify the school in the event your insurance coverage is dropped or changed.

Note to Parent: Please sign the *Parent/Student Acknowledgement/Signature Sheet* that you have read, understand, and have met the insurance requirements stated above by either purchasing Myers-Stevens Insurance or have private coverage. Please state your insurance information on the *Athletic Clearance Card* that is part of this packet