

ZION LUTHERAN SCHOOL

408 Jackson Street • Marengo, Illinois 60152 • 815-568-5156 • fax 815-568-6345

FAMILY
NAME

(Please Print)

LAST

FIRST

STUDENT INSURANCE WAIVER FORM 2017-2018

I acknowledge that Zion Lutheran School offers a Student Insurance Program underwritten by Markel Insurance Co., which covers medical and hospital expenses of accidents as provided in the basic policy (school time and 24-hour coverage). I hereby waive coverage and release Zion Lutheran School from all claims that would arise under the coverage of said student accident insurance policy underwritten by Markel Insurance Co. The undersigned acknowledges full responsibility for personal medical expenses of any kind which may be incurred while the undersigned's child/children are enrolled at Zion Lutheran School.

SIGN HERE IF NOT TAKING INSURANCE _____

Child's Name _____

8-10 & 11-2016
PS thru 8th