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**PROOF OF REQUIRED ATHLETICS MEDICAL INSURANCE**

**Required Proof of Medical Insurance:** Under California Education Code Sections 32220-32224, school districts are required to verify that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses of at least \$1500. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. The Huntington Beach Union High School District ("District") makes available, on request, insurance through **Myers-Stevens Insurance**. **Myers-Stevens Insurance** can be utilized by all students and meets the above insurance requirements. Forms for this insurance are available online and at the Athletic Director/Trainer offices. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by call 1-800-880-5305 for information on healthy families and *Medi-Cal* programs.

→ *Students must have insurance and a physical before they are allowed to tryout/practice/participate in athletic programs.*

**STUDENT ATHLETE - MEDICAL INSURANCE COVERAGE CERTIFICATION**

1. My child has Medi-Cal coverage: YES: \_\_\_\_\_ NO: \_\_\_\_\_
2. My child has private medical insurance: YES: \_\_\_\_\_ NO: \_\_\_\_\_  
Name of Company: \_\_\_\_\_ Member/Policy#: \_\_\_\_\_
3. I am purchasing optional Myers-Stevens Insurance: YES: \_\_\_\_\_ NO: \_\_\_\_\_  
Policy No. \_\_\_\_\_

I/We certify that my/our child, \_\_\_\_\_, is covered by valid medical insurance which meets or exceeds the above requirements.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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