

**PARENTAL INSURANCE WAIVER 2024/2025 SCHOOL YEAR**

***This form must be completed, signed and turned in to the school office  
by the first day of school.***

Dear SMS Parent:

The school does not provide any type of health or accident insurance for injuries incurred by your child at school. Please fill in the required information below, sign and date.

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Student(s) Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

\_\_\_\_\_ We have adequate insurance to protect our son/daughter in case of an accident.

\_\_\_\_\_ We are not interested/did not qualify for the uninsured movement.

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