



Salem High School
ATHLETIC DEPARTMENT
1200 East Sixth Street
Salem, Ohio 44460

(330) 332-8911
fax (330) 332-5841

**PROOF OF INSURANCE
FOR INTERSCHOLASTIC ATHLETICS**

_____, a student in the Salem City Schools, is covered by the
(Student's Name)
following medical insurance:

_____ Family Insurance

Policy Holder's Name _____

Name of Insurance Company _____

Policy Number _____

_____ I do not have insurance, but I will purchase the Student Accident Insurance Policy made available through the school.

_____ School Insurance

Policy Holder's Name _____

Name of Insurance Company _____

Policy Number _____

DATE _____ SIGNED _____
(Parent/Guardian)

PRINT NAME _____

ADDRESS _____

PHONE NUMBER _____

PRINT ATHLETE'S NAME _____

GRADE _____