Annual Declaration of Student Accident Insurance

This form is used for School Events/Trips/Travel within the Province of Ontario (for students under the age of 18)

	This form is used for school events/trips/travel involving activities requiring special skill or that involve increased inherent risks, e.g., skating, skiing, swimming, boating (canoeing, kayaking, sailing, rafting), hockey, snowmobiling, horseback riding, hiking, camping, cycling, mountain/rock climbing, football, rugby, etc.	
	Student accident insurance is a condition of participation in any and all school trips that include high risk activities sponsored by the Grand Erie District School Board. Student participation in certain high risk activities without proof of accident insurance may be approved at the discretion of the appropriate Superintendent of Education.	
	Student: Grade:	
	School: Courtland Public School Teacher:	
	PLEASE CHECK ONE OPTION ONLY:	
0	I/We certify I have purchased Student Accident Insurance for my/our child for this school year.	
0	I/We certify that my/our child has insurance coverage with	
0	I/We certify having purchased comparable accident insurance with an alternate carrier (name of insurance Company) for my/our child for this school year which meets the Board's minimum requirements as compared to current basic Student Accident Insurance (SAI). See below.	
	Accidental Death and Dismemberment \$2,000 Any Cause \$5,000 Accidental Dismemberment / Loss of Use \$50,000 Total and Permanent Disability (TPD) \$50,000 Future Dental Benefit \$1,000 * Exceptions to this requirement shall be subject to the approval of the Superintendent of Business	
	I/We decline to purchase Student Accident Insurance (SAI) and affirm I/We do not have alternate accident insurance. I/We certify having been made aware of and fully understanding the components of SAI made available to us through packages distributed by the school or obtained from the Board. I/We understand that the Grand Erie District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.	
	I/ have read and understand the above and confirm the information provided is accurate and further agree to inform the school administrator of any changes to coverage that occurs before a planned school trip.	
	(Signature of Parent/Guardian)	
	(Printed Name of Parent/Guardian) Date	

Reference SO105 Out-of-Classroom Trips and Tours for Students; Insurance Requirements for Trips and Excursions