

MARY WALKER SCHOOL DISTRICT No. 207

500 N. 4th Street ~ P.O. Box 159
Springdale, WA 99173-0159
Phone: (509) 258-4534 ~ Fax: (509) 258-4707

SUPERINTENDENT

Kevin J. Jacka

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Re: Student Injuries & Insurance

Dear Parent/Guardian:

Your child's school district is not responsible for the medical bills should your child be injured at school. This means that you are responsible for the medical bills if your child gets hurt during school activities. The accompanying student accident/health insurance plans are offered to help you pay those bills.

Many coverage options are available. The Student Health Care and High Option 24-Hour Accident plans are suggested for those students who have no other insurance because they provide the most help when injuries occur. Student Health Care covers illness as well as injury, 24 hours a day. We encourage you to consider the high option plans for students participating in interscholastic sports. In addition, based on income, your family may be eligible for free or reduced medical coverage through the State of Washington. The enrollment forms for this coverage is available at the Springdale Elementary/Middle School and Mary Walker High School offices.

If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e. deductibles and co-payments). Also, the student insurance plans allow you to take your child to any doctor or hospital you choose.

Please read your brochure carefully. If you have any questions, please call the plan administrator, Myers-Stevens & Toohey & Co., Inc. at (800) 827-4695 or (949) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and send it back to the school with your child immediately.

Sincerely,

Kevin Jacka

Kevin J. Jacka
Superintendent

As parent/guardian of _____, I understand that the School District is not responsible for providing medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

I will enroll my child in the program

I will not enroll my child in the program

Signed: _____ Date: _____