



# DUBLIN SCHOOLS

## DUBLIN UNIFIED SCHOOL DISTRICT

7471 Larkdale Avenue, Dublin, CA 94568-1599 ♦ 925-828-2551 ♦ FAX 925-829-6532

July 1, 2015

Dear Parent/Guardian:

This is to inform you that your school district **does not** carry medical or dental insurance for your child should he/she be injured on school premises while under school jurisdiction or through school sponsored activities. This means that you are responsible for the medical bills if your child gets hurt during school activities. For this reason, the District has made available a low cost medical/dental plan for your consideration. Distribution of information regarding the plan has been authorized by the California State Education Code.

Many coverage options are available. The Student Health Care and 24-Hour Accident plans provide the most help when injuries occur. Student Health Care covers illness, as well as injury, 24 hours a day. If you are interested in Tackle Football coverage, application forms may be picked up at the Student Activities Office at Dublin High School. If your child does have other health coverage, student insurance may also be used to help pay those charges not covered by other insurance.

Please consider the benefits described in the attached brochure/application. Enrolling your child in this low-cost program will ease your concerns in the future should an injury occur. To obtain coverage, simply complete the application, enclose your check or money order, or complete the MasterCard or Visa information and follow the instructions in the brochure. Please retain the brochure attached to the application for your records. The brochure outlines allowable benefits and claim procedures should your child sustain an injury. If you have any questions, please contact the plan administrator, Myers-Stevens at (916) 772-1740, or (800) 827-4695. Brochure/application will be available on day of registration and in the attendance office after registration.

**IMPORTANT INFORMATION FOR STUDENTS IN GRADES 6-12 ...** While participation in these programs is voluntary, you should be aware State law requires that any student who is a member of an athletic team: including bands, orchestras, cheerleaders & their assistants, pompom girls, team managers and their assistants, and any student selected by the school or student body to directly assist in the conduct of the athletic event; must have adequate medical insurance prior to being allowed to participate. **If your student plans to participate in any of these programs, complete the form on the reverse of this letter and return it to your child's school.**

**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,

Stephen L. Hanke, Ed. D.  
Superintendent

As parent/guardian of \_\_\_\_\_, I understand that the School **does not** provide medical/dental 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 \_\_\_\_\_