

**Ironton High School / Ironton Middle School  
Student Athlete Insurance Certification of Comparable Coverage**

Parents/Guardians are responsible for maintaining insurance for their son/daughter while participating in athletics at Ironton High School or Ironton Middle School. Please complete the information under **OPTION 1** or **OPTION 2** below and return this form to your son/daughter's Head Coach. If you have any questions on the student athlete medical insurance coverage requirement you can call the IHS Athletic Office at (740)532-5235 or the IMS Athletic Office at (740)532-3347.

**(OPTION 1)**

**COMPLETE THIS SECTION IF YOUR SON/DAUGHTER IS COVERED UNDER A MEDICAL INSURANCE POLICY**

I hereby certify that \_\_\_\_\_ is covered under a medical  
(Student Athlete's Name)

insurance policy with \_\_\_\_\_  
(Medical Insurance Company)

Policy #: \_\_\_\_\_.

**Note: If the above named student athlete's medical insurance coverage changes during the course of the year it is the parent/guardian's responsibility to contact the IHS or IMS Athletic Office.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

**(OPTION 2) DO NOT COMPLETE THIS SECTION IF YOU COMPLETED OPTION 1 ABOVE**

Ironton City Schools Student Group Insurance is compulsory unless comparable insurance is maintained and in effect. The ICS Student Insurance is excess coverage only. This plan becomes primary coverage in the event the student is uninsured.

Guarantee Trust Life Insurance Company  
Patrick Insurance Company  
301 South Third Street  
Ironton, OH 45638

\_\_\_\_\_  
(Student Athlete's Name)

Policy Paid on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy #: 344-058-07j

**Note: If the above named student athlete's medical insurance coverage changes during the course of the year it is the parent/guardian's responsibility to contact the IHS or IMS Athletic Office.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)