**THUNDERBOLT CAREER AND TECHNOLOGY CENTER**

**STUDENT MEDICAL PERMISSION FORM**

 **The Colleton County School District requires that all students participating in career and/or vocational laboratory courses have accident insurance.**

 **A low-cost insurance program for students is available at Colleton County High School. This information was sent home by your child and may be purchased through Colleton County High School. You may also apply on-line at** [**www.StudentInsurance-kk.com**](http://www.StudentInsurance-kk.com)

 **The Colleton County School District does not require those students to have school-bought accident insurance if the student provides documentation from the parent stating that the student has adequate insurance coverage and does not wish to participate in the Colleton County School District insurance plan.**

 **Please check the option below that describes your insurance coverage for your child. The parent MUST check one or more of the options.**

**\_\_\_\_\_ I have purchased one of the Student Accident Insurance Plans offered by Colleton County**

 **High School. I am providing a photocopy of his/her policy or his/her insurance card.**

 **(REQUIRED)**

**\_\_\_\_\_ I have Accidental/Health Insurance that is current, in force, and covers my child.**

 **My insurance company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **I am providing a photocopy of his/her policy or his/her insurance card. (REQUIRED)**

**\_\_\_\_\_ I have Medicaid coverage for my child which is current and in force. I am providing a**

 **photocopy of his/her policy or his/her insurance card. (REQUIRED)**

**I understand that it is my responsibility to provide my child with Accident Insurance for the entire school year.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian Signature Date**

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 **Student Name (PLEASE PRINT) Course or Courses**

**NOTE: Your documents (policy, insurance card) can be photocopied at TCTC. Please notify TCTC immediately if there is a change in your child’s insurance coverage by calling 782-4514.**