

**KEYSTONE SCHOOL**

119 E. Craig, San Antonio, TX 78212

t: 210.735.4022 f: 210.734.5508

www.keystoneschool.org

Certification of Accident Insurance Coverage

Name of student: _____

Our family carries Health & Accident Insurance: ___Yes ___No

Name & Address of Insurance Carrier: _____

Policy Number: _____

I understand that it is the parent's or guardian's responsibility to inform Keystone School of any medical limitation or problem which might hamper my child's participation in regular physical exercise.

Date_____
Signature of Parent or Guardian