

California Wiz Kids Medical Insurance Waiver

California Wiz Kids is not responsible for medical expenses incurred due to injury or illness not directly caused by negligence or unsafe conditions. It is required that parents carry current medical insurance coverage on enrolled children or sign the waiver below releasing the school from responsibility.

Is your child protected by current medical insurance coverage?
(Circle yes or no below)

Yes

No

**If you answered yes, please complete Section One
If you answered no, please complete Section Two**

Section One

Insurance company name _____

Policy number _____

Identification number _____

Insured's name _____

If the status of the medical insurance coverage changes it is the responsibility of the parent to notify school administration.

Child's name _____

Parent's signature _____

Date signed _____

Section Two

I do not have medical insurance for my child. I have been informed that **California Wiz Kids** is not responsible for medical expenses incurred for illness or injury not directly caused by negligence or unsafe conditions and accept this policy.

Child's name _____

Parent's signature _____

Date signed _____