

LONE STAR LEADERSHIP ACADEMY

TEMPORARY INSURANCE ACKNOWLEDGEMENT

Please submit this form with your child's Lone Star Leadership Academy Application.

Education in Action requires all Lone Star Leadership Academy participants to have health insurance for the duration of their program. Education in Action will provide information about a low-cost travel insurance plan which provides emergency medical coverage during the program and meets the requirements of the Lone Star Leadership Academy. You are also welcome to find your own source of coverage.

Education in Action will email you approximately four weeks prior to the start of your student's camp with instructions for purchasing the travel insurance plan or providing proof of coverage through another source.

ACKNOWLEDGEMENT

To confirm that the child's Parent/Legal Guardian has read and understands this acknowledgement, please initial each of the statements below:

1. I understand that my child cannot attend the Lone Star Leadership Academy without proof of health insurance. (initial) _____
2. I understand it is my responsibility to ensure that my child has health insurance during his/her camp attendance. (initial) _____
3. I understand that I must provide Education in Action proof of health insurance coverage no later than 1 week prior to my child's program date. (initial) _____
4. I understand that my child will **not** be allowed to attend his/her program without proof of health insurance coverage. (initial) _____

SIGNATURES

Name of Child: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____