



# Haughton Middle School



Wendy Lee, Assistant Principal

Richard Warren, Principal

Michael Pedrotty, Assistant Principal

Dear Parents

Your son/daughter has indicated that he/she would like to participate in athletics or other extracurricular activities at Haughton Middle School. While we encourage our students to participate in athletic activities, we must make the parents aware of the possibility of your child being injured in practice or in a game. Student accident insurance is provided for your child while participating in athletic practices or games. We are enclosing an outline of the coverage this policy provides. This policy, like most policies in effect today, has a limited benefits schedule and will not pay one hundred percent of the charges incurred. The balance due is the obligation of the parents - not Haughton Middle School or the Bossier Parish School Board.

This insurance is secondary to any health insurance already in force on your child. Before your child will be allowed to participate in athletic activities at Haughton Middle School, the bottom portion of this letter must be signed by you, dated and returned to the school to be filed. An extra copy of this letter is attached for your file records.

Please contact us at 549-5560 if you have any questions or need additional information. This information is for the 2020-21 school year.

Coaching Staff, Cheerleader and  
Dance Line Sponsors

2020-2021

I will allow my son/daughter \_\_\_\_\_  
to participate in athletic activities at Haughton Middle School. In case of an injury to my child, I  
will be responsible for the unpaid balance of any medical charges resulting from the injury.

\_\_\_\_\_  
Parent/Guardian Signature

## Bossier Parish School Board

### 2020-2021 Student Accident Insurance for Student Athletes Zurich America Life Insurance Company

#### Medical Benefits

<b>Maximum Benefit</b>	<b>\$50,000 Each Injury</b>
<b>Primary or Secondary</b>	<b>Secondary/Excess</b>
<b>Benefit Period</b>	<b>2 years</b>
<b>Ancillary or Miscellaneous Inpatient Hospital</b>	<b>U &amp; C to \$5,000 Max</b>
	<b>U &amp; C to \$100 Max</b>
<b>Medical Emergency Care</b>	
<b>Outpatient Surgical Room (Includes Ambulatory Surgical Facility)</b>	<b>U &amp; C to \$1,000 Max</b>
<b>Outpatient Diagnostic X-Rays and Laboratory Test</b>	<b>U &amp; C to \$750 Max</b>
<b>Physicians Non-surgical Treatment</b>	<b>U &amp; C to \$250 Max</b>
<b>Physician's Surgical Treatment</b>	<b>U &amp; C to \$5,000 Max</b>
<b>Anesthesia</b>	<b>30% of Physician's Surgical Procedures Sublimit</b>
<b>Registered Nurse</b>	<b>U &amp; C to \$375 Max</b>
<b>Physiotherapy</b>	<b>U &amp; C to \$500 Max (10 visit maximum)</b>
<b>MRI/CAT Scan</b>	<b>U &amp; C to \$750 Max</b>
<b>Non-Emergency Inpatient/Outpatient X-Rays</b>	<b>U &amp; C to \$200 Max</b>
<b>Diagnostic Imaging</b>	<b>U &amp; C to \$750 Max</b>
<b>Ambulance Expenses</b>	<b>U &amp; C to \$1,000 Max</b>
<b>Rehabilitative Limb Braces, Wheelchairs and Other Medical Equipment/Appliances</b>	<b>U &amp; C to \$2,500 Max</b>
<b>Eyeglasses, Contacts or Hearing Aids</b>	<b>U &amp; C to \$1,000 Max</b>
<b>Accident Dental</b>	<b>U &amp; C to \$4,000 Max</b>
<b>Field Trips</b>	<b>Yes</b>
<b>Claim Reporting Deadline</b>	<b>90 Days</b>
<b>Initial Treatment Must Commence Within</b>	<b>30 Days of Injury</b>

**CLAIMS MAY BE REPORTED TO THE  
INSURER BY:**

Email: [kk.paclaims@kandkinsurance.com](mailto:kk.paclaims@kandkinsurance.com)

or

Fax: (312) 381-9077

or

Mail: K & K Insurance/Specialty Benefits

P O Box 2338

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