



Haughton Middle School



Wendy Lee, Assistant Principal

Richard Warren, Principal

Marc Braden, 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 note this claim form must be received by the insurer with 90 days of injury date in order to be covered.

Please contact us at 549-5560 if you have any questions or need additional information. This information is for the 2021-22 school year.

Coaching Staff, Cheerleader, Dance Line,
Pep Squad and Band Sponsors

2021-2022

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

Date

250 Champion Shores, Haughton, Louisiana 71037

Telephone (318) 549-5560

FAX (318) 549-5573

www.haughtonmiddle.com

Bossier Parish School Board

2021-2022 Student Accident Insurance for Student Athletes
Zurich America Life Insurance Company

Medical Benefits

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

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

Email: kk.paclaims@kandkinsurance.com

or

Fax: (312) 381-9077

or

Mail: K & K Insurance/Specialty Benefits

P O Box 2338

Fort Wayne, IN 46801-2338