



School Board of Pinellas County, Florida
Richard O Jacobson Technical High School at Seminole

Verification of Accident-Medical Insurance

I, _____ verify that I am enrolled in a Health Science Program through Richard O Jacobson Technical High School. Clinical sites and facilities require students to have their own medical insurance to participate in the clinical assignment. Clinical hours are required for the CNA Course and License Completion by the State of Florida Board of Nursing. You cannot complete the program without clinical hours. Should the need arise for medical care due to an accident or other injury, or loss while participating in my regularly scheduled theory or clinical learning activity, my medical expenses will be covered by: (check below)

1. _____ Medical Insurance
Medical Insurance Policy _____
Policy Number _____
Effective date _____ Exp date _____

2. _____ I have no Medical Insurance, I am responsible for my own medical expenses.

**** I understand that I am also required to have the K-12 Student Accident Insurance and provide copy of proof for my file. I can enroll online at www.pcsb.org/studentaccidentinsurance

**** I am aware that if I am in the program beyond the policy expiration date, I must purchase another policy.

Initial all below:

_____ I understand that, in the event my insurance policy does not cover the complete loss or damages, I am personally responsible for all uncovered injury, loss, or damages I sustain while participating in my regularly schedule theory or clinical learning activity.

_____ I understand that I am not entitled to any benefits or workers compensation in the event of any injury occurring on the premises of the classroom and clinical setting.

_____ I acknowledge that I have read and understand the content of this entire form, and have selected the appropriate insurance options for my situation.

Student printed name _____

Student signature _____

Parent printed name _____

Signature of the parent _____

Date _____

Copy of insurance card must be returned with this paperwork

The school board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation, or disability in any of its programs, services or activities.