

**PROOF OF INSURANCE COVERAGE**

River Christian Academy carries the necessary insurance coverage required for their operation, and a minimal accident insurance coverage for each child while at River Christian Academy. I am responsible for any other coverage for my own child.

This is to verify that fact that my child \_\_\_\_\_ is fully covered by insurance.

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
Date

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