



Maingate Islamic Academy

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Student Accident Insurance Form 2018-2019

Dear Parent/Guardian,

Please be advised that Maingate Islamic Academy DOES NOT provide accident insurance coverage for any student injuries or death that may occur on school premises or during any school activities including any extracurricular activities including but not limited to field trips, before school programs, after school programs, during school and/or on weekend programs. As we are all aware, accidents can occur, and injury or death may be a result of the accident. Any medical costs incurred such as medical, dental or any other expenses that are not covered by provincial health care or your employer group plans, are not a responsibility of Maingate Islamic Academy.

There are many costs which are not covered by the provincial health care system such as accidents including dental work, casts, crutches, ambulance fees and physiotherapy. Since we are aware that this may be an inconvenience for you we have made arrangements to offer you a plan provided through the **Old Republic Insurance Company of Canada**. If you wish to purchase student accident insurance simply go to www.insuremykids.com and fill out the online application. For any additional information you may have simply call 1-800-463-6437 or visit the website.

The insurance program through Old Republic Insurance Company of Canada offers a variety of plans which can be tailored to meet individual family needs.

Waiver/Agreement:

I/we have read through the Student Accident Insurance Notice and understand that Maingate Islamic Academy DOES NOT provide accidental insurance coverage for any student that is injured on school premises during school activities and or any extracurricular activities.

Any costs incurred for any accident that the Ontario Provincial Health Card does not cover, such as any ambulance fees, casts, crutches, dental work etc. is not Maingate Islamic Academy's responsibility. Parents and or Guardians are encouraged to seek insurance through The Old Republic Insurance Company of Canada or another insurance carrier or check their employer's insurance benefit plan.

Furthermore I/we understand that my child is not covered by any insurance unless I/we have purchased insurance or are insured through our employer. I/we are aware that if any injury or

death occurs, I/we are fully responsible for any costs associated that are not covered by the Ontario Provincial health card.

STUDENT'S FULL NAME _____

PARENT/GUARDIAN NAME _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

**Please have your child return this form to school once it is completed. Thank you!*