



# WELLINGTON HIGH SCHOOL

Te Kura Tuarua o Taraika ki Pukeahu

PRINCIPAL: Dominic Killalea BA Dip Ed


## AGREEMENT TO COVER COSTS EXCLUDED FROM STUDENT TRAVEL INSURANCE

Student and Parent Details	
Student Name:	
Parent Name:	
Contact Phone:	Email:
School Name: <b>Wellington High School</b>	

By signing below:

1. *The Parents (as applicable) accept that the Covid-19 outbreak has resulted in some medical expenses, travel costs, and other costs being excluded from their son/daughter's travel insurance policy.*
2. *The Parents agree they have read the policy details for their son/daughter's travel insurance policy and any other relevant information provided by the insurer from time to time, and understand the exclusions that apply.*
3. *The Parents agree to cover any costs for their son/daughter that are not covered by the student's travel insurance policy or publicly funded in New Zealand.*
4. *For the avoidance of doubt, the Parents agree that the School is not responsible for any costs incurred on behalf of their son/daughter that are not covered by the travel insurance policy or publicly funded in New Zealand.*
5. *The School agrees to take all appropriate measures to keep students safe and to arrange appropriate medical care in the event that a student becomes ill.*

Parents
Name(s): _____ _____
Signature(s): _____ _____
Date: _____

School
Name: Prue Isaacs
Signature: 
Date: 17 March 2020