



**EASTERN SCHOOL DISTRICT
POLICY #9226035 - EXCESS MEDICAL INSURANCE**

Name of School: _____

Group Leader: _____

Telephone Number: _____

Trip Location: _____

Date of Departure: _____

Date of Return: _____

Number of Insured Persons:

Total Number of Students _____ x \$2.75 per day x _____ days = \$ _____

**Total Number of
Chaperones / Teachers:** _____ x \$2.75 per day x _____ days = \$ _____

\$ _____

Total Remittance

Please fax list of students, teachers and chaperones to:

Steve MacDonald

Fax 709-739-0424

Questions: Please call 709-722-7861 (ext 251)

**Cheque is to be made payable to "AXA Assurances Inc." and mailed to P.O. Box 23040, 3rd Floor Terrace on the Square, St. John's, Newfoundland, A1B 4J9.*