We certainly hope everyone had a safe and happy Thanksgiving. November proved to be yet an excellent month at Woodgrove. American Education Week went very well, and we appreciate those family and community members who took time to visit with us during our celebration. The Drama Department’s presentation of *The Importance of Being Earnest* was outstanding – congratulations to Mr. Noland and all of the students who worked so hard to bring that play to life on our stage. Also, congratulations to all our sports teams and our band for an excellent fall season – our programs were very successful and we look forward to building upon those successes.

Even though the 2015 is not here yet, we already are beginning to prepare for student course selections and scheduling for the 2015-2016 school year. We will have a parent/guardian information night on Monday, December 8. All grade levels will meet that night – please see the schedule included in the Counseling section of this newsletter for specific times for each grade level.

Now that December is here, winter weather provides opportunities for school closings and delayed openings. Please check the Loudoun County Public School website for information on school closings. The last day of classes before Winter Break will be Friday, December 19. Classes will resume on Monday, January 5.

Not only will December bring a noticeable change in our weather, along with it will comes a number of exciting events here at school. The music departments will present their choral, band and guitar winter concerts this month. All concerts will begin at 7:00 PM. Our winter sports have also started their games and competitions. Please check the calendar for the dates of these upcoming musical and sporting events and please attend and watch our Wolverines in action.

Regarding attendance, I am asking that parents and guardians make every attempt to schedule family trips and vacations during school holidays or breaks.

We have very active parent organizations here at Woodgrove and I do encourage all parents/guardians to participate in one or more of these organizations. The WWABC, WWMA and PTSO all have information on our website regarding meetings and upcoming events. These organizations provide another great opportunity for parents and guardians to be involved in their son’s/daughter’s education. I hope more of you will take advantage of these opportunities.

Lastly, as we enter the holiday season, the staff at Woodgrove takes this time to wish everyone the best, and we look forward to a fantastic year in 2015!
HELP BUILD ON OUR SUCCESS...JOIN THE

WOODGROVE HIGH SCHOOL

PTSO

Parent Teacher Student Organization

JOIN ONLINE TODAY!! www.lcps.org/Page/69200

Woodgrove PTSO: How we contribute to our school and Community:
• Award academic scholarships to seniors and CAMPUS program graduates
• Fund teacher requests for equipment, curriculum, online instructional programs and support materials
• Fund extra-curricular club participation in regional competitions
• Sponsor staff appreciation functions
• Support our Parent Liaison to assist students in need and their families
• Provide volunteers for various WHS sponsored events

With your support, we will continue to:
• Help fulfill the needs of our WHS learning community by supporting projects not funded by the school budget.
• Recognize, publicize and celebrate our school’s successes in all avenues.
• Publish the Woodgrove Weekley newsletter to keep you informed all WHS happenings (please “like” us on Facebook too!)
• Ask for your help and assistance in areas of need—our volunteers are very important to our school’s success.

Dues are only $25 a family or $10 for individuals and $5 for students and faculty.

MEMBERS NAME(S): ____________________________________________

ADDRESS: _______________________________________________________________________________________

CITY: _________________________ STATE: ______________________ ZIP: ______________________

EMAIL: ____________________________________________ (REQUIRED FOR WOODGROVE WEEKLY SUBSCRIPTION, ALL ADDRESSES WILL REMAIN STRICTLY CONFIDENTIAL)

PHONE NBR: ______________________ AMT ENCLOSED: ______________________

(Please return to WHS front office)

(ADDITIONAL DONATIONS are WELCOME and are TAX FREE)

JOIN ONLINE TODAY!!
www.lcps.org/Page/69200
**SUBSCRIBE TO THE**

**WOODGROVE WEEKLY**

*The Woodgrove Weekly* is your best tool for staying informed about everything that takes place within the Woodgrove Community.

The Woodgrove PTSO's weekly newsletter, the Woodgrove Weekly, will keep you up to date about school news and events as well as PTSO activities. The newsletter goes out by email every Monday, and you can sign up in only a minute by putting this address into your web browser:

**http://tinyurl.com/woodgroveweekly**

You do not have to join the PTSO in order to get the newsletter. This is a PTSO service for our whole school community. We will never share your contact information, and you can easily unsubscribe at any time.

The newsletter will come to you from this e-mail address:

*WoodgroveHighSchoolPTSO@gmail.com*

*Remember to add this to your address book or trusted contacts so it doesn't end up in your spam or junk folder.*
Help Woodgrove earn money to supplement the school’s educational needs. The school is now registered with Giant’s A+ School Rewards Program. You can sign up online any time. (We are in the application process for Harris Teeter’s Together in Education Program.)

The earlier you register, the sooner Woodgrove can start earning credit toward purchasing needed equipment and supplies to benefit our students and teachers. Please follow the directions listed below to sign up for either one of both of the programs online. Please be sure to enter the school code when you sign up.

**Giant**

School ID 09152

Feel like you have already done this? Giant cards must be re-enrolled each year!

[https://www.giantfood.com/our_stores/bonus_bucks/designate_school.htm?execution=e1s1](https://www.giantfood.com/our_stores/bonus_bucks/designate_school.htm?execution=e1s1)

**Harris Teeter**

School code: 1613

[https://www.harristeeter.com/other/my_harris_teeter/login_page.aspx](https://www.harristeeter.com/other/my_harris_teeter/login_page.aspx)

**Target Reward Program**

School ID 152094

Target’s Take Charge of Education Program

Woodgrove High School is still participating in Target’s Take Charge of Education Program. Join now and help us raise money for our school.

Here’s how it works: visit [https://www-secure.target.com/redcard/tcoe/home](https://www-secure.target.com/redcard/tcoe/home) or call 1-800-316-6142 to designate our school. Woodgrove’s school ID is 152094. Use your REDcard (Target Visa Credit Card, Target Credit Card, or Target Check Card) whenever you shop and Target will donate up to 1% of your purchases back to Woodgrove. Don’t have a REDcard? It’s easy to apply. Get started in person at any Target store or go to Target.com/redcard. Relatives, friends & neighbors are all welcome to participate in this program. The more people involved the more money raise for our school. Check our school’s progress anytime at Target.com/tcoe.

Any questions please email woodgroveptsofundraising@gmail.com.

Thanks for your support!
During the upcoming weeks, the School Counselors will be meeting with students individually to review their course selections for the 2015-2016 school year. Please have a conversation with your son or daughter regarding their classes. After you review their teacher recommendations, please contact their teacher if you have any questions regarding their suggestions. Please note the final date to make changes to course selections for next year will be June 1, 2015. Your change request must be provided in writing to your son or daughter's counselor.

Click here if you would like to view any of the following:
- Course Selection Night Prezi presentation
- Grade Level Homeroom Prezi presentations (created & narrated by Mrs. Bell)
- Elective Videos by department

Thank you for your support and please let us know if you have any questions or need any assistance.

Upcoming Events

Monroe Technology Shadowing Day
Shadowing brings the classroom to life! On Thursday, December 10, 2014, 9th and 10th graders will have the opportunity to visit two programs and attend an informational session on the benefit of Monroe and the application process. This is a half-day event and transportation is provided to and from your home school. Interested students can pick up an application form from the Career Center. All forms must be completed and turned into your school counselor by December 1st.

Super Saturday – FAFSA Day at WHS
Saturday, January 17, 2015 10:00am – 1:00pm at Woodgrove High School. LVHS and WHS families are invited to join us for our annual financial aid assistance and informational session. Time will be allowed to complete FASFA Forms. Sponsored by NVCC.

Career Center Visits & Info
Visits this year will take place mainly during 6th Block Flex. Students must sign up for visits through Naviance. Those who are not on the list will not be permitted to attend. Attendees will receive a pass prior to the visit or can print their registration from Naviance to serve as a pass. Click here for a guide on how sign up for college visits through Naviance. Please visit Mrs. Sutphin in the Career Center with any questions.

12/4 at 10:30 am  Radford University On-Site Admissions
12/18 at 10:45 am  US Coast Guard Academy
12/18 at 11:30 am  The College of William & Mary

Radford University’s On-Site Admissions Guidelines – December 4th at 10:30am
In order to be considered, students must:
- Sign up via Naviance
- Submit your Online Application for Admission at www.radford.edu/apply by November 14th
- Request your High School Transcript be sent to RU by November 14th
- Have taken the SAT/ACT on or before October 2014

Questions, please contact: Doug Brady, Associate Director of Admissions, dpbrady@radford.edu

Summer Residential Virginia Governor’s School VPA (Visual and Performing Arts)
December 19, 2014 - Applications are due to School Counselors for review

Academic Programs
December 19, 2014 - Applications are due to School Counselors for review

For more information about the program click here.
Don’t wait get connected! Learn more about this comprehensive program that will help navigate you and your student through the post-secondary process. Students’ username and password should both be their 6-digit student ID number. Parent’s login should be their email address that we have on record as the username and woodgrove (all lowercase) as the password. For more information, go to the WHS School Counseling page or contact Rachel Sutphin at rachel.sutphin@lcps.org.

It’s Never Too Early to $tart Thinking About $cholarships

Visit the LCPS School Counseling webpage for up-to-date county wide scholarship postings.

- **Loudoun Elks Lodge MVS Scholarship** - Deadline 12/5/14
- **Karin Riley Porter Scholarship** - Deadline 1/1/15
- **GE-Regan Foundation Scholarship Program** – Deadline 1/8/15
- **Delta Sigma Theta Sorority Scholarship** – Deadline 1/13/15
- **Gates Millennium Scholars Program** – Deadline 1/14/15
- **Lee-Jackson Educational Foundation Scholarship** – Deadline 2/6/15
- **VMDAEC Educational Scholarship Foundation** – Deadline 2/11/15
- **Gavin Rupp “I Promise” Scholarship** – Deadline 3/2/15
- **American Disposal Scholarship** – Deadline 3/6/15
- **Loudoun Credit Union Scholarship** – Deadline 3/6/15
- **Legacy of Life Essay & Video Scholarship** – Deadline 3/31
- **Master Singers of Virginia Scholarship** – Deadline 4/8/15
- **FIDM National Scholarship** – Deadline 4/30/15
  **Loudoun Valley Community Center Scholarship** – Deadline 5/1/15

**Interested in the Military?**

Take the **ASVAB (Armed Services Vocational Aptitude Battery)** a comprehensive career exploration and planning program that includes multiple aptitude tests, an interest inventory, and various career planning tools designed to help students explore the world of work.

March 7, 2015 at 9:00 am – Loudoun Valley High School

If interested, you can sign up [here](#).

**Monthly Military Visit Schedule**

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<tr>
<th>3rd Tuesday</th>
<th>1st Thursday</th>
<th>4th Tuesday</th>
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**2014-2015 SAT/ACT Test Dates**

- **www.collegeboard.com**

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<tr>
<th>Test Date</th>
<th>Registration Deadline</th>
<th>Late Registration</th>
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<td>December 6</td>
<td>11/6</td>
<td>11/24</td>
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<td>January 24</td>
<td>12/29</td>
<td>1/13</td>
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<td>March 14</td>
<td>2/13</td>
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<td>May 2</td>
<td>4/6</td>
<td>4/21</td>
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<tr>
<td>June 6</td>
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- **www.actstudent.org**

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<th>Test Date</th>
<th>Registration Deadline</th>
<th>Late Registration</th>
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<td>11/21</td>
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<td>February 7</td>
<td>1/9</td>
<td>1/16</td>
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<td>April 18</td>
<td>3/13</td>
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<tr>
<td>June 13</td>
<td>5/8</td>
<td>5/22</td>
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**Looking for SAT/ACT Prep Options?**

The **Hunt Course** is offering small group and quick review classes in the Purcellville Baptist Church located at 601 Yaxley Drive. Seating will be limited. Early registration suggested. Visit [www.huntprograms.com](http://www.huntprograms.com) for more information today!

Free PSAT Cram online: **Kaplan Test Prep** is providing free cram sessions for the PSAT. Students
who attend will learn their 10 Top Score-Raising Strategies and review tips for time management during the test. For complete dates and times and to register, go to www.kaptest.com/psatcram.

Leadership, Volunteer & Job Opportunities
For all job, internship and volunteer opportunities check out the board in the Career Center.

Step Up Loudoun Youth Competition!
High school youth across the county are encouraged to identify an issue in their school, neighborhood or community, create a plan to address that issue, and implement the plan. The goal is to encourage, support and reward the youth of Loudoun County for making positive changes in their own lives and the lives of others. Cash prizes will be awarded including a $1000 grand prize to the top team! Step Up Loudoun Youth is a collaboration between Loudoun Youth Inc., Loudoun County PRCS, the Advisory Commission on Youth, Leadership Loudoun and Loudoun County Public Schools. For more information visit http://www.loudounyouth.org/programs-2/the-step-up-loudoun-youth-competition/

BLAST Summer Program for 9th Graders
The Building Leaders for Advancing Science and Technology (BLAST) program is designed to attract students who are motivated to learn, but have not yet shown interest in science, technology, engineering or math (STEM) coursework. This FREE program is open to 9th grade students and will take place the summer of 2015. It will allow them to spend three exciting days on the campus of the University of Virginia or Virginia Tech engaged in hands-on STEM activities and demonstrations led by experienced faculty members. Please visit their website for program information and an online application, http://blast.spacegrant.org/. The deadline for the application is February 2, 2015. The program is a partnership between the Virginia Space Grant Consortium, the University of Virginia Virginia Tech and the Commonwealth of Virginia.

Interested in Being a Mentor?
Check out the Mentor Program, a wonderful service club here at WHS. As a participant, students commit to helping an elementary student or a classroom teacher one morning a week prior to the beginning of the school day. Mentors may choose to be a classroom helper or work with an individual student as a tutor or role model. Many mentors choose to go to the school closest to their home or they enjoy volunteering in the elementary school they attended. Students may pick up an application in the Career Center from Mrs. Hayba. Once completed and signed by a parent, an interview is scheduled and then the student is placed and ready to begin. WHS students log their volunteer hours and enjoy this opportunity to give back, and some may even decide to become teachers!

2014-2015 Counselor Assignments

<table>
<thead>
<tr>
<th>Underclassmen</th>
<th>Seniors</th>
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<tbody>
<tr>
<td>Ms. Astrid Willemsma</td>
<td>A-C</td>
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<tr>
<td>Mr. Steven Cohen</td>
<td>A-Day</td>
</tr>
<tr>
<td>Mrs. Donna Kelly</td>
<td>D-G</td>
</tr>
<tr>
<td>Mrs. Barbara Bell</td>
<td>Dean-Har</td>
</tr>
<tr>
<td>Mrs. Katharine Warehime</td>
<td>H-Mc</td>
</tr>
<tr>
<td>Mrs. Geri Fiore</td>
<td>Has-Mc</td>
</tr>
<tr>
<td>Mrs. Teresa Holland</td>
<td>Me-Sa</td>
</tr>
<tr>
<td>Mrs. Stephanie Butler</td>
<td>Me-Sad</td>
</tr>
<tr>
<td>Mrs. Rachel Sutphin</td>
<td>Sc-Z</td>
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<td>Sc-Z</td>
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Main Office: (540) 751-2600  ·  Guidance: (540) 751-2607  ·  Athletics: (540) 751-2610
Woodgrove Teachers would like to THANK **Temp-a-Tron Heating and Air Conditioning Company** and **The Paint and Paper Place** for their generous donation of materials for our Word Wall Project. These companies donated sheet metal and paint to our school. The metal boards were painted and mounted on the classroom walls.

Our content teachers post magnetized vocabulary words for World History, English, Biology, Physics, and Geometry. Teachers explicitly teach the meaning of the words and use the Word Walls for review activities with students.

These wonderful companies are helping us create literacy environments in our content classrooms. Let’s support our local business. We hope that our Woodgrove families will call these companies when their services are needed.
Drivers Ed Available - No Waiting

Attention Juniors and Seniors who have not taken behind-the-wheel . . . . Why take it privately and pay more? We have immediate openings in the morning and afternoon. See Mrs. Holland in Guidance to sign up . . . No Wait!!

* * 10th graders will be eligible after completing Module 5 in the classroom. You must have an A-B average to sign up after complete Module 5.
Congratulations to Samantha Purnell on her selection to the Volleyball Conference 21 First Team and Morgan Minniti to the Second Team.

Samantha was also chosen as a First Team All-Region which is the first volleyball player to receive this honor at Woodgrove High School.

FACEtime is the student advisory program of Woodgrove High School. It involves 125 mixed grade level groups, each led by a Woodgrove High School staff member. Each group meets on Wednesdays for thirty five minutes, two to three times a month. The purpose of the FACEtime meetings is to further develop student and staff relationships, increase school connectedness and help foster a positive school climate. The FACEtime program is based on four phases in relationship building,


Each phase consists of approximately three different lessons in which character development is discussed and various activities are explored.

The Woodgrove Academic Team has been busy in November. They are the leading school for the county-wide competition "Scholastic Challenge"; they went to NBC and taped their segment of "It's Academic" a few weeks ago. The Virginia High School League season starts on December 4th and the Woodgrove squad will try to get back to the State Championship round where they ended up 2nd place last year.

The team is led by its seniors:

- Ammon Frederick Harteis
- Logan Czarnecki
- Barbara Regan
- Michael White
- Ken Dunne
- Devin Clifford
- John Dunne
- Joe Saunders
- Saajid Hasan
- Sierra Raney
Winter Fundraiser

4 Foot Lighted Wooden Christmas Tree Lawn Decorations
Created by Our Members
$50.00 per tree
Send orders to Kathleen.bohnsack@lcps.org

LED lights are used in bright white, warm white, or colored.

*beads in the photo are not included
Woodgrove High School Receives National Athletic Trainers’ Association Safe Sports School Award

Program recognizes high schools that help to keep young athletes safe

Purcellville—November 5, 2014 – Woodgrove High School is the recipient of the National Athletic Trainers’ Association Safe Sports School award. The award champions safety and recognizes secondary schools that provide safe environments for student athletes. The award reinforces the importance of providing the best level of care, injury prevention and treatment.

Woodgrove High School is honored to receive this 1st Team recognition from NATA, and we remain committed to keeping our student athletes safe during physical education classes, team practices and games so they can accomplish their own goals of great competition, competitive records, fair sportsmanship and good health. Our goal is to lead our athletics program to the highest safety standards for our players,” said Sam Shipp, Principal of Woodgrove High School.

Physical activity is very important for our youth, according to NATA president Jim Thornton, MS, ATC, CES. “There has been an increase in competitive sports, which are, unfortunately, not without risk. Brain injury/concussion, cardiac arrest, heat illness, exertional sickling, cervical spine fractures and other injuries and illnesses are potentially life-threatening.” Proper planning with proper equipment and personnel is vital to the safety of student athletes today, he notes.

In order to achieve Safe Sport School status, as Woodgrove High School did, athletic programs must do the following:

- Create a positive athletic health care administrative system
- Provide or coordinate pre-participation physical examinations
- Promote safe and appropriate practice and competition facilities
- Plan for selection, fit function and proper maintenance of athletic equipment
- Provide a permanent, appropriately equipped area to evaluate and treat injured athletes
- Develop injury and illness prevention strategies, including protocols for environmental conditions
- Provide or facilitate injury intervention
- Create and rehearse a venue-specific Emergency Action Plan
- Provide or facilitate psychosocial consultation and nutritional counseling/education
- Be sure athletes and parents are educated of the potential benefits and risks in sports as well as their responsibilities

For more information please visit: www.athletictrainers.org.

About NATA: National Athletic Trainers’ Association (NATA) – Health Care for Life & Sport

Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and sport-related illnesses. They prevent and treat chronic musculoskeletal injuries from sports, physical and occupational activity, and provide immediate care for acute injuries. Athletic trainers offer a continuum of care that is unparalleled in health care. The National Athletic Trainers’ Association represents and supports 39,000 members of the athletic training profession. Visit www.nata.org.

###
Sports Injuries

Sickle Cell Trait

Over the past few years, collapse during exercise due to complications from sickle cell trait has killed nine athletes. Of the 136 sudden, non-traumatic sports deaths in high school and college athletes over a decade, 5% were due to exertional sickling.

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red blood cells from round to quarter-moon, or “sickle” shaped. This change can pose a grave risk for some athletes.

The sickle gene is common in people with family roots in areas where malaria is widespread. One in 12 African-Americans has the sickle cell trait. The sickle gene is also present in those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry. Screening and simple precautions may prevent deaths and help the athlete thrive in their chosen sport. It is important to remember that all athletes with sickle cell may participate in all sports.

In the event of a sickling collapse, the coaches and medical staff should treat it as a medical emergency by doing the following:

- Check vital signs
- Administer high-flow oxygen if available
- Cool the athlete
- If vital signs decline or athlete appears to have slow mental response, call 911 and get the athlete to the hospital fast

Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent sickling collapse and enable athletes to thrive in whatever sport they choose.
Nutrition

4 Things You Need to Know About Post-Workout Nutrition

After finishing up a session in the gym, your next step should be tending to your post-workout nutrition. Hands down, this is the most important time to eat during any workout day. Even more important than breakfast. Immediately after your workout session, your body is crying for fuel. It’s broken down and hurting. It needs repair. Food is what will help kick-start this process if you eat right. Here are 4 things you need to know to put you on the right path:

1. You need to eat immediately. Always remember: the sooner you get that nutrition in, the better. There’s a slim window of opportunity after the workout when your body is like a sponge ready to soak up the nutrients. You will still be putting the nutrients to good use if you eat 30-60 minutes later, but your meal or snack won’t be as effective for helping you feel recovered. Pack a meal, snack or smoothie and bring it with you to the gym and be sure to eat it right after your workout.

2. You should be eating carbs. Many people who are trying to lose weight think they need to avoid carbohydrates in favor of a protein only meal post-workout. The truth is, for optimal results, you want both. Carbohydrates provide the high energy glucose needed to re-saturate muscle glycogen stores, while protein provides the amino acids needed to rebuild muscles. If you skip the carbs, you’ll feel less energized for the rest of the day.

3. You can indulge a little. If you naturally crave sugary foods, the post-workout period is the best time to eat them without worry. Eating something sugary after a workout creates an insulin spike that can help drive protein into your cells faster. So if you want something sweet, you can have it, just be sure to pair it with some protein, too.

4. You need to hydrate, too. Too many people put all the focus on what they are eating and forget to drink water after a sweat session. Low-fat chocolate milk and sports drinks can help you rehydrate while offering some carbs, but water is best when you’re having a solid snack or meal.
REMINDERS FROM THE HEALTH CLINIC: December

Hello from your school nurse,

All 10th grade (and new students to LCPS) was screened for vision and hearing on November 13, and 14 (10th graders during their scheduled Physical Education class). If your child did not meet the initial vision and or hearing screening they will be rescreened in approximately two weeks. If your child then does not meet the vision or hearing rescreening criteria I will be contacting you and mailing you a report of the exam.

You will be advised to consult a vision professional and share the results of the vision screening. Please take the report to your vision professional and have them complete their section of the report, then return the report form to me in the clinic.

If your child did not meet the initial passing criteria for the hearing screening our Speech language Pathologist will rescreen your child. I will follow up with you regarding the results. After the second rescreen you may be advised to consult with your primary care physician/health care provider and share the results of the screening. Please take the report to them for their completion of the findings and treatments and return the form to me in the clinic.

To ensure your child’s safe return to school, students who are returning to school after hospitalization, (surgery or illness), or a procedure (fracture or tests); seen for concussion must have a release from the physician that they may return to school. The release should include the following information:

* approval for the student to return to school

* the activity level allowed

* any current restrictions; the duration of those restrictions

* all of the above should be updated by the physician after the follow up appointments

Students with fever (100.0 or >) should be kept home until fever free for 24 hours.

Please be reminded that a parent/guardian must bring medication to the nurse, health clinic assistant, or designee. I must have written orders from the physician in order to accept and to administer prescription medications. All prescription medicine must be in the original pharmacy bottle with proper label containing the students name, medication, dosage and instructions for administration. If you ask, the pharmacy they may give you an extra bottle for liquid or tablets with proper amount of medicine for school.

Non-prescription medicine: All medication must be brought in by a parent/guardian.

It must be in the original package with the name of the medicine and instructions. It must have a signed and dated Medication Administration form from the parent regarding when and how much
medicine to administer. The medication will be given according to the amount listed on the package for
your child’s age and weight unless the doctor orders on a medication form to indicate differently.

Lastly, please be sure to keep the emergency contact phone numbers and information up-to-date so
that we can reach you if your child is ill or injured.

As always, if you have any questions or would like to discuss a health concern of your child please gives
me a call at 540-751-2606 (clinic).

Have a happy and healthy holiday season.

Stephanie Lovasz, RN,
This November, the Woodgrove High School Student Council hosted the Region 4 Leadership Workshop. The workshop was hosted at Woodgrove since it is home to the Region 4 representative, Ryan Thomas. Over one hundred student leaders from various middle and high schools around the area attended the meeting in order to share ideas, and learn more about leadership and student government to take back to their home schools.

The day started off with an opening general session in the auditorium, where the guest schools were welcomed. The opening meeting kicked off the day to an energetic start; including icebreakers, team competitions, introductory performances from attending schools, and a keynote address from Robert Zoldos II, the Mayor of Lovettsville. After the opening session, students headed to designated workshops; each presented by a Woodgrove Student Council member. These workshops covered a range of topics from the basics of parliamentary procedure to how to organize a successful pep rally. But before departing for the workshop sessions, Mayor Zoldos left the students with some inspiring words to reflect on throughout the day: “Being in the SCA might not change your life, but it could help change others’ lives.”

Following lunch and the last workshops, the final general session was held. A few closing remarks were made at this session. Kelsey Briel and Mark Bland, former WHS Student Council Co-Presidents, gave addresses on “The Effects of Being a Student Leader.” Although Briel was not able to make it to the meeting in person, her address was shown through a video. Both speakers shared the impact student leadership has had on their college careers and life experiences so far. Bland even shared about his experience meeting with the director of the FBI, who Bland with the advice “Lead with humble confidence.”

The last item on the agenda for the day was a Region 4 pep rally. At the beginning of the day, each school was broken up and students were placed on three separate teams. Throughout the day, the three teams were faced with strategic competitions to earn points. Competitions included games such as slingshot bowling and filling balloons with shaving cream as quickly as possible. At the pep rally, each team reunited for a final time for the last opportunity to earn points together. The team competition was close, but after the final games and celebrations every student walked away with new friends from different schools, and new ideas to take back and share with their Student Councils.
***CHANGES IN THE GROVE CAFE***

Starting Monday November 10, 2014, the menu in the Woodgrove Cafe’ will be changing. The Loudoun County School Nutrition Services is implementing these changes county wide. We ask for your patience during this transition period. The new menu will be available soon on the lcps.org website. If you or your parents have any questions, please feel free to contact Ms. Bartling, the Woodgrove Cafe’ Manager.

LCPS MENUS ARE ONLINE AND CAN BE ACCESSED BY CLICKING HERE

http://www.lcps.org/Page/68454
### REGULAR A/B DAY SCHEDULE - 4 Lunch Shifts

<table>
<thead>
<tr>
<th>A Day</th>
<th>B Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Day</td>
<td>Blue Day</td>
</tr>
<tr>
<td><strong>8:55-9:03</strong></td>
<td><strong>Homeroom</strong></td>
</tr>
<tr>
<td><strong>9:08-10:34</strong></td>
<td><strong>1st Period</strong></td>
</tr>
<tr>
<td><strong>12:10-2:12</strong></td>
<td><strong>3rd Period</strong></td>
</tr>
<tr>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td><strong>12:05-12:35</strong></td>
<td>Shift I</td>
</tr>
<tr>
<td><strong>12:37-1:07</strong></td>
<td>Shift II</td>
</tr>
<tr>
<td><strong>1:09-1:39</strong></td>
<td>Shift III</td>
</tr>
<tr>
<td><strong>1:41-2:12</strong></td>
<td>Shift IV</td>
</tr>
<tr>
<td><strong>2:17-3:43</strong></td>
<td><strong>4th Period</strong></td>
</tr>
</tbody>
</table>

### REGULAR A/B DAY SCHEDULE – Open Lunch

<table>
<thead>
<tr>
<th>A Day</th>
<th>B Day</th>
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</thead>
<tbody>
<tr>
<td>Green Day</td>
<td>Blue Day</td>
</tr>
<tr>
<td><strong>8:55 – 9:03</strong></td>
<td><strong>Homeroom</strong></td>
</tr>
<tr>
<td><strong>9:08-10:34</strong></td>
<td><strong>1st Period</strong></td>
</tr>
<tr>
<td><strong>12:05-12:43</strong></td>
<td><strong>Open Lunch 10,11,12 – release 12:03</strong></td>
</tr>
<tr>
<td><strong>12:48-2:12</strong></td>
<td><strong>3rd Period</strong></td>
</tr>
<tr>
<td><strong>2:17-3:43</strong></td>
<td><strong>4th Period</strong></td>
</tr>
</tbody>
</table>
Dress and Grooming

*Students are expected to dress appropriately.*

Clothing which distracts others from learning or which endangers safety is unacceptable.

**Clothing which exposes cleavage, midriffs, private parts, or exposes undergarments is unacceptable.** These include, but are not limited to: Sagging or low-cut pants or skirts, tube tops, halter tops, backless shirts or shirts with only ties in the back, see through shirts, extremely short shorts or skirts, muscle shirts, or low-cut necklines that show cleavage.

Clothing with inappropriate images, statements, or inferences related to profanity, alcohol, drugs, tobacco, weapons, or messages which are sexual, threatening, harassing, or inflammatory are not permitted.

**Hats and headgear are not allowed unless approved by the administration for special occasions.** It must be removed upon entering the building and placed in backpacks or lockers.

No towels, shirts, or other like items may be draped over the neck.

Chains and studded jewelry are not permitted as accessories.
Loudoun County Public Schools
Business & Financial Services
21000 Education Court, Suite 301
Ashburn, VA  20148
(571) 252-1280**(571) 252-1432 fax
E-mail:  LCPS-BUS-RISKMGMT@LCPS.ORG

ATTENTION:  STUDENTS, PARENTS, FACULTY & STAFF

Loudoun County Public Schools’ Insurance Does Not Provide Coverage for
Students’ and Employees’ Personal Property Brought to School.

Each year the LCPS Procurement/Risk Management Office receives claims where
school students and employees have lost valuable personal property brought to
school.  Every type of personal property is subject to loss by accident, theft, or
vandalism.

Examples of personal property include:

    iPods, iPads, cell phones, cameras, tablets, lap top computers, etc.

The Worth Avenue Group has been providing insurance programs to thousands of
students and staff across the country since 1971. Their personal property insurance
plans have been utilized by many colleges and universities and have been made
available to public school students, faculty, and staff nationwide.

**Losses Covered:** The plans cover loss or damage, occurring during the policy period,
to personal property, which you own or have leased. See policy for items excluded
from coverage. Coverage may be purchased on a “cash value or replacement cost”
basis with a deductible as low as $50 per occurrence.

**What about Coverage Under Your Homeowners Policy?** If you have questions
about your homeowner's policy, ask your agent to go to the Worth Avenue Group
website for more information and then to give you advice. These plans are typically
primary to the homeowner's coverage and can be used to cover high insurance
deductibles.

For further information on this coverage please call 1-800-620-2885 or visit
http://www.worthavegroup.com/ and read about the various available coverages.
ATENCIÓN: PADRES Y ESTUDIANTES

El Seguro de las Escuelas Públicas del Condado de Loudoun No Cubre la Propiedad Personal de los Estudiantes Llevada a las Escuelas.

Cada año, las oficinas de adquisiciones y manejo de riesgos de LCPS reciben reclamos de estudiantes y empleados que han perdido propiedad personal de mucho valor en las escuelas. Ejemplos de propiedad personal incluye iPods, iPads, teléfonos, cámaras de fotos, ordenadores portátiles. Cada tipo de propiedad personal está sujeta a pérdidas por accidente, robo o vandalismo.

Worth Avenue Group está proporcionando programas de seguros a miles de estudiantes en este país desde 1971. El plan de seguro de propiedad personal ha sido utilizado por muchas escuelas y universidades. Recientemente ha sido disponible para los estudiantes de las escuelas públicas a nivel nacional.

Cobertura de pérdidas: El Plan cubre pérdidas o daños a su propiedad personal, de la cual usted es dueño o alquilo, incluyendo materiales de valor en su poder, estas pérdidas deben ser durante el periodo vigente de la póliza. Verifique los artículos excluidos en su cobertura. El seguro podría ser comprado en base de "dinero en efectivo" o "a costo de reemplazo" de la propiedad personal y con un deducible tan bajo como $50 por caso.

Propiedad No Cubierta: Algunos ejemplos de propiedad no cubierta por el plan son:

- Coches (incluyendo los equipos estereofónicos de los coches), motocicletas, barcos, motores, aviones o partes; billetes de transportes u otros billetes; Dinero en efectivo o monedas, evidencias de deudas, cartas de crédito, documentos de pasaportes, notas o valores; lentes de contacto, dientes artificiales o miembros.

Y Qué Sobre la Cobertura Dentro de la Póliza de Seguros del Hogar? Si usted tiene preguntas acerca de lo que cubre su seguro del hogar, enséílele el folleto a su agente de seguros y pídale su consejo. Worth Avenue Group, esta cobertura es siempre primaria a lo que cubre su póliza de hogar y puede ser usada para cubrir altos deducibles de los seguros.

Para más información sobre esta cobertura, por favor visite la página web: http://www.worthavegroup.com/ 1-800-620-2885, y lea sobre el Plan de Propiedad Personal del Estudiante.
IMPORTANT INSURANCE NOTICE—READ CAREFULLY
Loudoun County Public Schools does not provide medical or accident insurance for students injured while participating in school activities.

Dear Parents and Students:

LCPS receives reports of students who are accidentally injured while participating in school activities, including some serious injuries that require costly medical attention. The Procurement/Risk Management Office routinely receives calls from parents whose children are accidentally injured while participating in school activities and have no insurance coverage or have bills over-and-above what their insurance will pay.

LCPS does not provide medical or accident insurance for students injured while participating in school activities. But we do provide voluntary purchase of student accident insurance through K&K Insurance.

The insurance provided by K&K Insurance offers optional plans of coverage provided on an “excess basis” for accidental injuries that may occur during school activities or even around the clock, depending on the benefit option you choose.

If you already have insurance coverage through another policy, the K&K Student Accident Plans pay benefits for those eligible expenses not paid by your primary insurance. If there is no other insurance available to you, the plans will provide coverage on a primary basis.

Your voluntary enrollment in one of these plans should be carefully considered. For further details and to enroll in the K&K Student Accident Insurance coverage please go online to this link: www.studentinsurance-kk.com or call 1-855-742-3135.
### ACCIDENT ONLY COVERAGE:
The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of $25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

### SCHEDULE OF BENEFITS: Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.

<table>
<thead>
<tr>
<th>Compare and Choose</th>
<th>Low Option Accident Only</th>
<th>High Option Accident Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Benefit:</td>
<td>$25,000 (For Each Injury)</td>
<td>$25,000 (For Each Injury)</td>
</tr>
<tr>
<td>Deductible:</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Inpatient
- **Room & Board:**
  - Up to $150 per day/
  - Semi-private room rate
  - 80% of Reasonable Charges/
  - Semi-private room rate
- **Hospital Miscellaneous:**
  - $600 maximum per day
  - $1,200 maximum per day
- **Registered Nurse:**
  - 75% of Reasonable Charges
  - 100% of Reasonable Charges
- **Physician’s Visits:**
  - (Benefits are limited to one visit per day and do not apply when related to surgery)
  - $40 first day/$25 each subsequent day
  - $60 first day/$40 each subsequent day

#### Outpatient
- **Day Surgery Miscellaneous:**
  - $1,000 maximum
  - $1,200 maximum
- **Physician’s Visits:**
  - (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)
  - $40 first day/
  - $25 each subsequent day
  - $60 first day/
  - $40 each subsequent day
- **Outpatient Physical Therapy:**
  - (Benefits are limited to one visit per day)
  - $30 first day/$20 each subsequent day/
  - 5 days maximum
  - $60 first day/$40 each subsequent day/
  - 5 days maximum
- **Emergency Room Services:**
  - (Treatment must be rendered within 72 hours from the time of the injury)
  - $150 maximum
  - $300 maximum
- **X-Rays:**
  - $200 maximum
  - $600 maximum
- **Diagnostic Imaging Services:**
  - $300 maximum
  - $600 maximum
- **Laboratory:**
  - $50 maximum
  - $300 maximum
- **Prescription Drugs:**
  - $75 maximum
  - $200 maximum
- **Injections:**
  - No Benefits
  - No Benefits
- **Orthopedic Braces & Appliances:**
  - $75 maximum
  - $140 maximum

#### Inpatient and/or Outpatient
- **Surgeon’s Fees:**
  - (Specified surgery based on data provided by Ingenix, Inc.)
  - (No more than one procedure through the same incision will be paid)
  - $1,000 maximum
  - $1,200 maximum
- **Anesthetist:**
  - 20% of Surgery Allowance
  - 25% of Surgery Allowance
- **Assistant Surgeon:**
  - 20% of Surgery Allowance
  - 25% of Surgery Allowance
- **Ambulance:**
  - $300 maximum
  - $800 maximum
- **Consultant:**
  - $200 maximum
  - $400 maximum
- **Dental Treatment due to Injury to Teeth:**
  - (For Injury to sound, natural teeth only)
  - $10,000 maximum per policy term if extended dental option is purchased. $200 per tooth if extended dental option is not purchased.
  - $10,000 maximum per policy term if extended dental option is purchased. $500 per tooth if extended dental option is not purchased.
- **Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:**
  - 100% of Reasonable Charges
  - 100% of Reasonable Charges
- **Durable Medical Equipment:**
  - No Benefits
  - No Benefits
- **Maternity:**
  - No Benefits
  - No Benefits
- **Complication of Pregnancy:**
  - No Benefits
  - No Benefits

Expenses for the following are not covered: Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

*This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.*

*Details of these benefits may be found in the Master Policy on file at the School District. **NOTE:** This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.*
Choose Your Coverage Plan:  One-Time Payment For Accident Coverage

Please note - for coverage plans listed below

Coverage Effective Date: A person’s coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

24-Hour Accident (Students & Employees)  
Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.

<table>
<thead>
<tr>
<th>With Extended Dental</th>
<th>Without Extended Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Option</td>
<td>High Option</td>
</tr>
<tr>
<td>$84.00</td>
<td>$124.00</td>
</tr>
</tbody>
</table>

24-Hour Accident (Summer Only Coverage, Students Only)  
Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.

<table>
<thead>
<tr>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>$28.00</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

At-School Accident (Students & Employees)  
During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities or sports excluding High School Football. Travel to and from school sponsored and supervised activities or sports while in a school furnished or approved vehicle.

<table>
<thead>
<tr>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>$27.00</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

Extended Dental (Accident Only)  
Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage – Limited to Covered Person’s policy effective dates and accident only coverage option selected. Replaces standard dental coverage with coverage of 80% of Reasonable Charges to a maximum limit of $10,000 per injury.

High School Football  
Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.

<table>
<thead>
<tr>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>$137.00</td>
<td>$209.00</td>
</tr>
</tbody>
</table>

High School Football (Spring Only)  
For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.

<table>
<thead>
<tr>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60.00</td>
<td>$89.00</td>
</tr>
</tbody>
</table>

High School Football and At-School Accident (Covers all athletics)

<table>
<thead>
<tr>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>$164.00</td>
<td>$244.00</td>
</tr>
</tbody>
</table>

High School Football and 24-Hour Accident (Covers all athletics)

<table>
<thead>
<tr>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>$221.00</td>
<td>$333.00</td>
</tr>
</tbody>
</table>

Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the selected coverage. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person’s coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year.
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

Enroll online at: www.StudentInsurance-kk.com or by mail using attached enrollment form.
1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child’s name on your check or money order.
4. Mail completed enrollment form with payment back to:
   K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:
K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917
Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. **We will not pay Benefits for:**

1. An Injury or Loss that is:
   a. caused by war or any act of war, declared or undeclared, whether civil or international, or any actual armed conflict between organized forces of military nature (which does not include acts of terrorism);
   b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
   c. caused by participating in a riot or violent disorder;
   d. the result of an Insured’s taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
   e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician’s instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being “under the influence.”; or
   f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.

2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policymaker chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.

3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator’s license (except in a Driver’s Education Program).

4. An Accident that occurs while:
   a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
   b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV’s, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft.
   Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.

5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.

6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: **We will not pay Benefits for:**

1. Expenses incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
   a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
   b. the Insured, or the Insured’s Family Member.

2. Expenses incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.

3. Expenses Incurred for charges which are in excess of Reasonable Charges.

4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.

5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).

6. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless injury has caused impairment of sight or hearing or unless repair or replacement of existing eyeglasses, contact lenses or hearing aids is necessary as a result of a covered injury.

7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.

8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.

9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.

Accident Only Definitions:

1. An Injury or Loss that is:
   a. caused by war or any act of war, declared or undeclared, whether civil or international, or any actual armed conflict between organized forces of military nature (which does not include acts of terrorism);
   b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
   c. caused by participating in a riot or violent disorder;
   d. the result of an Insured’s taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
   e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician’s instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being “under the influence.”; or
   f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.

2. The symptom(s) of such malfunction(s) is (are) first observed by a Physician and taken according to the Physician’s instructions, while sane or insane.

3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator’s license (except in a Driver’s Education Program).

4. An Accident that occurs while:
   a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
   b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV’s, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft.
   Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.

5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.

6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Accidental Death & Specific Loss Benefits:

The Aggregate Limit is $500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to their total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

<table>
<thead>
<tr>
<th>Injury</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>One arm or one leg</td>
<td>$10,000</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either both hands or both feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>Speech and hearing in both ears</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of both eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of one eye and either hand or one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either one arm or one leg</td>
<td>$7,500</td>
</tr>
<tr>
<td>Either one hand or one foot</td>
<td>$5,000</td>
</tr>
<tr>
<td>Speech or hearing in both ears</td>
<td>$5,000</td>
</tr>
<tr>
<td>Sight of one eye</td>
<td>$5,000</td>
</tr>
<tr>
<td>Hearing in one ear</td>
<td>$2,500</td>
</tr>
<tr>
<td>Both the thumb and index finger of one hand</td>
<td>$2,500</td>
</tr>
<tr>
<td>Life</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both arms or both legs</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both hands and both feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>One arm and one leg</td>
<td>$10,000</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either both hands or both feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>Speech and hearing in both ears</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of both eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of one eye and either hand or one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either one arm or one leg</td>
<td>$7,500</td>
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<td>$2,500</td>
</tr>
<tr>
<td>Both the thumb and index finger of one hand</td>
<td>$2,500</td>
</tr>
</tbody>
</table>
Enroll online for quicker service at www.StudentInsurance-kk.com
or complete and mail this form

**Enrollment Form (School Year 2014-2015)**

Student’s Last Name: ____________________________________________
Student’s First Name: ____________________________________________
Student’s Middle Name: ____________________________________________ Date of Birth: ____________________________
Street Address: ________________________________________________
City: __________________________________ State: __________ Zip: __________
Name of School District (required): ________________________________
Name of School: _______________________________________________________________________________________
Grade Level: ☐ Pre-K/Headstart ☐ Kindergarten/Elementary ☐ Middle School ☐ High School/Above
Signature of Parent or Guardian: ______________________________________________________________
Date: __________________________ Email Address: __________________________ Phone Number: _______________________

**Student Insurance Plan Options — Check Your Selection:**

<table>
<thead>
<tr>
<th>Accident Only Coverage Plans</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-HOUR, with Extended Dental</td>
<td>☐ $84.00</td>
<td>☐ $124.00</td>
</tr>
<tr>
<td>24-HOUR, without Extended Dental</td>
<td>☐ $75.00</td>
<td>☐ $115.00</td>
</tr>
<tr>
<td>24-HOUR, Summer Only, with Extended Dental</td>
<td>☐ $28.00</td>
<td>☐ $40.00</td>
</tr>
<tr>
<td>24-HOUR, Summer Only, without Extended Dental</td>
<td>☐ $19.00</td>
<td>☐ $31.00</td>
</tr>
<tr>
<td>AT-SCHOOL, with Extended Dental</td>
<td>☐ $27.00</td>
<td>☐ $35.00</td>
</tr>
<tr>
<td>AT-SCHOOL, without Extended Dental</td>
<td>☐ $18.00</td>
<td>☐ $26.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, with Extended Dental</td>
<td>☐ $137.00</td>
<td>☐ $209.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, without Extended Dental</td>
<td>☐ $128.00</td>
<td>☐ $200.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, with Extended Dental For New Players</td>
<td>☐ $60.00</td>
<td>☐ $89.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, without Extended Dental For New Players</td>
<td>☐ $51.00</td>
<td>☐ $80.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, with Extended Dental Covers all athletics</td>
<td>☐ $164.00</td>
<td>☐ $244.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, without Extended Dental Covers all athletics</td>
<td>☐ $146.00</td>
<td>☐ $226.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, with Extended Dental Covers all athletics</td>
<td>☐ $221.00</td>
<td>☐ $333.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, without Extended Dental Covers all athletics</td>
<td>☐ $203.00</td>
<td>☐ $315.00</td>
</tr>
</tbody>
</table>

Enclose check for total payment payable to: Nationwide Life Insurance Company. Checks, money orders, or credit cards accepted.
DO NOT SEND CASH
TOTAL ENCLOSED: $ _______________________

Mail this completed form with payment back to: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

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Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card
First Name: ____________________________________________ Mi: _________ Last Name: ____________________________
Billing Address (if different than above)
Street # ____________________________________________ Address ____________________________________________ Apt #
City: ____________________________________________ State: __________ Zip: __________
Card Number: _____________________________ Expiration Date: Month: ______ Year: ______
Cardholder signature: ______________________________

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)
!!NOTICIA IMPORTANTE!!

Las Escuelas Públicas del Condado de Loudoun no disponen de seguro médico o de accidente para cubrir a los estudiantes cuando se accidentan en la escuela.

Estimados Padres/Guardianes Legales:

LCPS recibe reportes de estudiantes que accidentalmente se hieren cuando participan en actividades escolares, incluyendo algunas con heridas graves que requieren atención médica costosa. La oficina de adquisiciones y manejo de riesgos rutinariamente recibe llamadas de padres de quien sus hijos son accidentalmente heridos cuando participaban en actividades escolares y no tenían cobertura de seguro o tienen cobros por encima del valor de pago de su seguro.

LCPS no proporciona seguros de accidentes médicos para los estudiantes accidentados que han participado en actividades escolares. Pero, nosotros proveemos la opción de compra voluntaria de seguro para accidentes por medio de K&K seguros.

El seguro de accidentes por K&K ofrece planes opcionales de cobertura basado en “excesos” para heridas de accidente que puedan ocurrir durante actividades escolares o incluyendo a tiempo completo. Esto depende del plan elegido.

Si usted ya tiene seguro a través de otra poliza, estos planes de cobertura de accidente pagan beneficios no cubiertos por su otro seguro. Si no tiene ningún otro plan de seguro disponible, invirtiendo una mínima cantidad de dinero ahora en uno de estos planes le podría ahorrar considerables gastos más tarde si tuviese un accidente que requiriese atención médica.

Su registro voluntario en uno de estos planes debe de ser cuidadosamente considerado. Gracias y por favor llame si tiene alguna pregunta o inquietud.

WEBSITE:  www.studentinsurance-kk.com or call 1-855-742-3135
COBERTURA SOLO PARA ACCIDENTES: La Póliza ofrece beneficios por pérdida debido a una Lesión cubierta hasta un Beneficio máximo de $25,000 por cada Lesión. Siempre que el tratamiento a cargo de un Médico calificado y matriculado comience en el término de 60 días a partir de la fecha de la Lesión, se pagarán beneficios por los Gastos médicos cubiertos dentro de las 52 semanas a partir de la fecha de la Lesión, hasta el Beneficio máximo por servicio según se muestra a continuación.

PROGRAMA DE BENEFICIOS: Los Beneficios máximos se pagan según lo especificado a continuación. Los Cargos razonables y necesarios por razones médicas están basados en el percentil 75.

<table>
<thead>
<tr>
<th>Compare y elija</th>
<th>Opción baja de Solo accidentes</th>
<th>Opción alta de Solo accidentes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficio máximo:</td>
<td>$25,000 (por cada lesión)</td>
<td>$25,000 (por cada lesión)</td>
</tr>
<tr>
<td>Deducible:</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Paciente hospitalizado**

| Habitación y comidas: | Hasta $150 por día/tarifa de habitación semiprivada | 80% de los cargos razonables/tarifa de habitación semiprivada |
| Varios del hospital: | $600 como máximo por día | $1,200 como máximo por día |
| Personal de enfermería registrado: | 75% de los cargos razonables | 100% de los cargos razonables |
| Consultas médicas: | $40 primer día/$25 cada día subsiguiente | $60 primer día/$40 cada día subsiguiente |

**Paciente ambulatorio**

| Procedimientos quirúrgicos ambulatorios varios: | $1,000 como máximo | $1,200 como máximo |
| Consultas médicas: | $40 primer día/$25 cada día subsiguiente | $60 primer día/$40 cada día subsiguiente |
| Fisioterapia para pacientes ambulatorios: | $30 primer día/$20 cada día subsiguiente/máximo de 5 días | $60 primer día/$40 cada día subsiguiente/máximo de 5 días |
| Servicios en la sala de emergencias: | $150 como máximo | $300 como máximo |

**Paciente hospitalizado y/o paciente ambulatorio**

| Honorarios del cirujano: (Cirugía especializada según datos suministrados por Ingenix, Inc.) | $1,000 como máximo | $1,200 como máximo |
| Anestesista: | 20% de la prestación por cirugía | 25% de la prestación por cirugía |
| Auxiliar quirúrgico: | 20% de la prestación por cirugía | 25% de la prestación por cirugía |
| Ambulancia: | $300 como máximo | $800 como máximo |
| Asesor: | $200 como máximo | $400 como máximo |
| Tratamientos dentales debido a Lesiones en los dientes: (Para Lesiones en dientes naturales en y en buen estado) | Máximo de $10,000 por período de póliza si se adquiere la opción de ampliación de la cobertura odontológica. $200 por diente si no se adquiere la opción de ampliación de la cobertura odontológica. | Máximo de $10,000 por período de póliza si se adquiere la opción de ampliación de la cobertura odontológica. $500 por diente si no se adquiere la opción de ampliación de la cobertura odontológica. |
| Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta: | 100% de los cargos razonables | 100% de los cargos razonables |
| Equipos médicos duraderos: | No hay beneficios | No hay beneficios |
| Maternidad: | No hay beneficios | No hay beneficios |
| Complicación del embarazo: | No hay beneficios | No hay beneficios |

**No se cubren los gastos de los siguientes rubros:** Dispositivos protésicos, trastornos mentales y nerviosos, atención de la salud en el hogar, inyecciones.

Esta póliza contiene una disposición de exceso. No se pagarán beneficios en virtud de los Gastos médicos básicos por accidente por gastos cubiertos en la medida en que sean pagaderos en virtud de otro Plan de atención médica.

Los detalles de estos beneficios se pueden encontrar en la Póliza maestra archivada en el distrito escolar. **NOTA:** Este es un breve resumen de los beneficios y no es un contrato. Se le ha entregado al distrito escolar una Póliza maestra que contiene todas las disposiciones, limitaciones, exclusiones y calificaciones de los beneficios del seguro. La Póliza maestra es el contrato que regirá y controlará el pago de los beneficios.
## Datos sobre la Póliza

1. **¿QUIÉNES REÚNEN LOS REQUISITOS?** Son elegibles los alumnos del titular de la póliza que efectúen el aporte requerido en concepto de prima para la cobertura seleccionada. La condición de alumno se mantiene después de la graduación y entre los años escolares, a menos que la persona se inscriba en otro distrito escolar.

2. **La Póliza maestra archivada en el distrito escolar:**
   - Durante el período lectivo, en las instalaciones de la escuela durante las horas de clase. Traslado directo e ininterrumpido desde y hacia el hogar y las clases programadas. Actividades y deportes patrocinados y supervisados por la escuela; queda excluido el fútbol americano de preparatoria. Translados desde y hacia actividades y deportes patrocinados y supervisados por la escuela en un vehículo proporcionado o aprobado por la escuela.

3. **Esta es una póliza de beneficios limitados.**

4. **FECHA DE ENTRADA EN VIGENCIA DE LA COBERTURA:** La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.

5. **FECHA DE VENCIMIENTO DE LA COBERTURA:**
   - La cobertura finaliza cuando se cumplen doce meses de vigencia de la póliza o el primer día del año escolar siguiente, la fecha que sea anterior.
   - Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.

6. **INSCRIPCIÓN TARDÍA:** La cobertura se puede comprar en cualquier momento durante el año escolar. No habrá ninguna reducción de prima para ninguna persona que se inscriba más avanzado el año.

7. **CANCELACIÓN:** La Cobertura en virtud de la Póliza no se cancelará y, por consiguiente, las primas no se podrán reembolsar después de la aceptación por parte de la Compañía. Sin embargo, se reembolsarán en forma prorrateada las primas en caso de que una Persona cubierta ingrese en el Servicio Militar.

8. **TRASLADO DEL ALUMNO:** La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

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## Inscribete por Internet en:

**www.StudentInsurance-kk.com**

o por correo mediante el formulario de inscripción adjunto.

1. Complete y recorte el formulario de inscripción.
2. Envíe por correo el formulario completado con el comprobante y la confirmación del pago. El cheque cancelado, la facturación de la tarjeta de crédito o el talón del giro postal serán su comprobante y la confirmación del pago.
3. Con ampliación de la cobertura odontológica

   - **Opción baja:** $81.00
   - **Opción alta:** $122.00

   Con ampliación de la cobertura odontológica

   - **Opción baja:** $183.00
   - **Opción alta:** $282.00

 **Fecha de vencimiento de la cobertura:** La cobertura finaliza cuando se cumplen doce meses de vigencia de la póliza o el primer día del año escolar siguiente, la fecha que sea anterior. Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.
Exclusiones y limitaciones de la póliza para Coberturas de solo accidentes

Las siguientes exclusiones aplican a todos los Beneficios y todas las Cláusulas adicionales pertinentes, a menos que se mencione explícitamente lo contrario.

No pagaremos Beneficios por:

1. Una Lesión o Pérdida que:
   a. sea causada por una guerra o cualquier acto de guerra, declarada o no declarada, sea civil o internacional, o cualquier conflicto armado importante entre fuerzas organizadas de naturaleza militar (lo que no incluye actos de terrorismo);
   b. sea causada mientras la Persona asegurada presta servicio activo a tiempo completo (más de 31 días) en cualquier rama de las Fuerzas Armadas;
   c. sea causada por la participación en una revuelta o disturbio violento;
   d. sea el resultado de la participación de la Persona asegurada en la penetración o intento de perpetración de un delito grave, la intervención en cualquier acto ilícito u ocupación ilegal o la perpetración o provocación de cualquier acto ilícito;
   e. se produzca porque la Persona asegurada está bajo la influencia de drogas, narcóticos, psicotrópicos o sustancia química (a menos que sea recetado por un Médico y se lo utilice de acuerdo con las indicaciones del Médico) según lo definen las leyes de la jurisdicción en la que se produjo la Lesión accidental. No es necesario una condena para determinar si se está “bajo la influencia de...”; o
   f. se autoatíngase intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.

2. Una Lesión o Pérdida que sea resultado de un viaje o vuelo (que incluye entrar, salir, subir o bajar) en cualquier aeronave excepto y exclusivamente como pasajero que paga su pasaje en una aeronave comercial, o como pasajero en una aeronave contratada por el Titular de la póliza, siempre que dicha aeronave tenga un certificado de aeronavegabilidad válido y vigente y sea operada por un piloto autorizado o con la debida licencia, y mientras dicha aeronave sea utilizada exclusivamente con fines de transporte y dicho viaje se consigne como una Actividad cubierta en el Programa de beneficios.

3. Todo Accidente donde la Persona asegurada sea el operador y no posea una licencia de operador de vehículo a motor válida y vigente (excepto en un Programa de formación de conductores).

4. Un Accidente que se produzca durante:
   a. la participación en cualquier actividad peligrosa, incluidos los deportes de vehículos de nieve, vehículos todo terreno (vehículos todo terreno o vehículos con ruedas similares), embarcaciones personales, paracaidismo acrobático, buceo, submarinismo, vuelo en ala delta, exploración de cuevas, saltos elásticos (bungee), lanzamiento en paracaidas o alpinismo;
   b. el viaje en, la conducción de o la prueba de un vehículo a motor utilizado en una carrera o competencia de velocidad, deporte, trabajo de exhibición o prueba de manejo. Para los fines de esta disposición, Vehículo a motor significa todo medio de transporte o vehículo autopropulsado, que incluye, entre otros, automóviles, camiones, motocicletas, vehículos todo terreno, motos de nieve, tractores, carros de golf, motopatines, cortadoras de césped, equipos pesados utilizados para excavar, barnos y embarcaciones personales.

5. Tratamiento médico o quirúrgico, atención de diagnóstico o preventiva de cualquier Enfermedad, excepto el tratamiento de una infección púgnea que sea consecuencia de una Lesión accidental o una infección bacteriana resultado de la ingestión accidental de sustancias contaminadas.

6. Toda Insuficiencia cardíaca o circulatoria, sea conocida o no o esté diagnosticada o no, excepto según se cubra de otro modo en virtud de la Póliza o a menos que la causa inmediata de dicha insuficiencia sea un traumatismo externo.

Otras exclusiones para el Beneficio de gastos médicos por accidente y toda Cláusula adicional pertinente: No pagaremos Beneficios por:

1. Los Gastos por servicios o tratamientos prestados por un Médico, Enfermero o cualquier Proveedor que:
   a. sea empleado de o esté contratado por el Titular de la póliza o sus subsidiarias o filiales;
   b. sea la Persona asegurada o un Integrante de la familia de la Persona asegurada.

2. Los Gastos incurridos por cargos que la Persona asegurada no pagaría si no tuviera el seguro o servicios por los que no se cobra ningún cargo.

3. Los Gastos incurridos por cargos que superan los Cargos razonables.

4. La parte de los gastos médicos pagaderos por cualquier Póliza de seguro automotor sin tener en cuenta la culpa.

5. Los Gastos incurridos por cualquier tratamiento que la American Medical Association (AMA) o la American Dental Association (ADA) consideren experimental.

6. Los Gastos incurridos por la inspección, indicación, compra o ajuste de anteojos, lentes de contacto o audífonos, a menos que la Lesión haya causado el deterioro de la vista o la audición, o a menos que sea necesario reparar o reemplazar los anteojos, lentes de contacto o audífonos en uso como consecuencia de una Lesión cubierta.

7. Los Gastos incurridos por dentaduras postizas, puentes, implantes dentales, bandas o frenos u otros aparatos dentales, coronas, fundas, incrustaciones inlay y onlay y empastes nuevos, su reparación o reemplazo, o cualquier otro tratamiento de los dientes o las encías, excepto como resultado de una Lesión y hasta el Máximo de cobertura odontológica que figura en el Programa de beneficios, si corresponde.

8. Los Gastos incurridos por artículos para la comodidad o el confort personal, que incluyen, entre otros, cargos por llamadas telefónicas en el Hospital, alquiler de televisores o comidas para las personas de visita.

Definiciones de Solo accidentes:

Lesión Una lesión física que:
1. está directa o independientemente causada por un contacto accidental con otro cuerpo u objeto;
2. es una fuente de pérdida sufrida mientras la Persona asegurada está cubierta en virtud de la Póliza y mientras esa persona participa en una Actividad cubierta.

Para todos los Beneficios, Lesión incluye Insuficiencia cardíaca y circulatoria, con sujeción a las siguientes condiciones:
1. La Insuficiencia se debe presentar antes de los 65 años de edad mientras la Persona asegurada participa en una Actividad cubierta; y
2. Un médico trata el o los síntomas de dicha insuficiencia en primera instancia mientras la Póliza está vigente con respecto a la Persona asegurada y en el término de 48 horas de haber participado en una Actividad cubierta; y
3. A dicha Persona asegurada, en el término de un año antes de la fecha de la participación en la Actividad cubierta, un médico no le ha diagnosticado, ni ha recibido medicamentos para, infarto de miocardio, angina de pecho, trombosis coronaria, hipertensión, ataque cardiaco o incidente cerebrovascular.

Para el Beneficio de gastos médicos por accidente, Lesión también incluye lesiones por movimientos repetitivos como consecuencia de la participación en una Actividad cubierta.
Las lesiones por movimientos repetitivos incluyen, entre otras, esguinces, torceduras, hombros, codo de tenista, tendinitis, bursitis y desgarros musculares. La lesión por movimientos repetitivos debe ser diagnosticada por un Médico y se debe producir dentro de los 30 días de participar en una Actividad cubierta.

Todas las Lesiones sufridas en un Accidente, incluyendo todas las afecciones relacionadas y los síntomas recurrentes de estas Lesiones, se considerarán una sola Lesión.

Beneficios por Muerte accidental y pérdida específica:

El Límite global es de $500,000 y es la cantidad máxima que se puede pagar por reclamaciones incurridas para todos los Asegurados en virtud de la Póliza que resultan de un Incidente cualquiera que se produce cuando la Póliza se encuentra vigente. Si este límite no fuera suficiente para pagar el total de todas dichas reclamaciones, el Beneficio que se debe pagar a cualquier Asegurado se determinará proporcionalmente a nuestro Límite global total de responsabilidad. Este Límite global de responsabilidad aplica únicamente a los Beneficios por Muerte accidental y Pérdida específica.
Planes de cobertura solo para accidentes  

Opción baja  
Opción alta  

24 HORAS, con ampliación de la cobertura odontológica  
$84.00  
$124.00  

24 HORAS, sin ampliación de la cobertura odontológica  
$75.00  
$115.00  

24 HORAS, Solo durante el verano, con ampliación de la cobertura odontológica  
$28.00  
$40.00  

24 HORAS, Solo durante el verano, sin ampliación de la cobertura odontológica  
$19.00  
$31.00  

EN LA ESCUELA, con ampliación de la cobertura odontológica  
$27.00  
$35.00  

EN LA ESCUELA, sin ampliación de la cobertura odontológica  
$18.00  
$26.00  

Preparatoria FÚTBOL AMERICANO, Todo el año, con ampliación de la cobertura odontológica  
Preparatoria  
$137.00  
$209.00  

Preparatoria FÚTBOL AMERICANO, Todo el año, sin ampliación de la cobertura odontológica  
$128.00  
$200.00  

Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, con ampliación de la cobertura odontológica  
Para jugadores nuevos  
$60.00  
$89.00  

Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, sin ampliación de la cobertura odontológica  
Para jugadores nuevos  
$51.00  
$80.00  

Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, con ampliación de la cobertura odontológica  
Cubre todas las disciplinas atléticas  
$164.00  
$244.00  

Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, sin ampliación de la cobertura odontológica  
Cubre todas las disciplinas atléticas  
$146.00  
$226.00  

Preparatoria FÚTBOL AMERICANO y 24 HORAS, con ampliación de la cobertura odontológica  
Cubre todas las disciplinas atléticas  
$221.00  
$333.00  

Preparatoria FÚTBOL AMERICANO y 24 HORAS, sin ampliación de la cobertura odontológica  
Cubre todas las disciplinas atléticas  
$203.00  
$315.00  

Adjuntar el cheque por el pago total pagadero a: Nationwide Life Insurance Company. Se aceptan cheques, giros postales o tarjetas de crédito. NO ENVÍE DINERO EN EFECTIVO  
TOTAL ADJUNTO: $__________

Adjuntar el cheque por el pago total pagadero a: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Complete esta sección únicamente si desea pagar con tarjeta de crédito

Nombre completo según figura en la tarjeta  
Nombre: __________________________ Inicial del segundo nombre: __________________________ Apellido: __________________________

Dirección de facturación (si es distinta de la anterior)  
N.° de calle: __________________________ Dirección: __________________________ N.° de apto: __________________________

Ciudad: __________________________ Estado: __________________________ Código postal: __________________________

Número de la tarjeta: __________________________ Fecha de vencimiento: Mes: ____ Año: ____

Firma del titular de la tarjeta: __________________________

La compañía no emite reembolsos ni acepta responsabilidad por los pagos en efectivo. (Si el banco por cualquier motivo rechaza un cheque o una tarjeta de crédito, el seguro quedará invalidado.)