



WOODGROVE HIGH SCHOOL

Principal's Message

May 2015

Woodgrove High School

36811 Alder
School Road
Purcellville, VA
20132

Main Office:

540-751-2600

Attendance Office:

540-751-2602

Guidance Office:

540-751-2607

Athletic Office:

540-751-2610

Clinic:

540-751-2606

William S. Shipp
Principal

Daryl Cummings
Assistant Principal

Renee Dawson
Assistant Principal

Tim Panagos
Assistant Principal

Geri Fiore
Director of School
Counseling

Rusty Lowery
Athletic Director

Woodgrove is certainly in full bloom and thriving with a number of exciting activities planned for May.

Before moving forward however I do want to thank our Fine Arts Department for a superb spring showing of *Sweeney Todd: The Demon Barber of Fleet Street*. It was such an outstanding performance! In addition, our celebration of the Arts will continue in May as we host our spring music concerts. Please take this opportunity to join us for these wonderful performances. Information pertaining to concert dates and times are included on our school calendar and in this newsletter.

Also, May brings with it Conference, Regional and State competitions for our athletic teams. Please be sure to check the school calendar and come out to Woodgrove to cheer on the teams. Also, thank you to the WWABC for hosting the Fore the Wolverines Charity Golf Classic on Monday, May 4, at the Stoneleigh Golf Course. Proceeds from this event provide scholarships for our students. There is still time to register and information by clicking on this link: <http://www.woodgroveathletics.org/main/adnews/ID/38858193>

I also am very pleased to share that our PTSO is in the midst of finalizing plans for our Seniors' Graduation Night Party. This party is for graduating Seniors only and it will be held at Ida Lee's AV Symington Aquatic Center on June 18, beginning at 4 PM and will last until 8 PM. Information pertaining to the Graduation Night party can be found on our school website or click on this link: <http://www.loudoun.k12.va.us/Page/146675>

Graduation is scheduled for Thursday, June 18, at 8 AM. Seniors need to be at school by 6:30 AM.

During May we also will honor the work our teachers have performed throughout the year. Much of our success can be attributed to the dedication and devotion our teachers give to our students daily. Woodgrove is fortunate to have such extraordinary adults guiding our students. We will begin our celebration with our Teacher Appreciation Week on May 4 - May 8. We encourage students, parents and the community to take time during this week to share an expression of gratitude to a teacher or some other member of the faculty.

Standards of Learning (SOL) tests and Advanced Placement (AP) tests will be administered in May. Included in this newsletter is information regarding our testing schedule and on-line testing. These tests are important and we have devoted many resources to ensure that all of our students are prepared to take these tests. Please be sure your son/daughter gets plenty of rest, eats breakfast and is on time to school during these testing sessions.

As spring certainly is upon us and everyone is enjoying the longer days and the outdoors, please be safe and take any necessary precautionary steps to avoid Lyme disease. Inside this newsletter is information pertaining to this and a website from the CDC which will provide important information regarding Lyme Disease.

With regards to spring, and the warm weather which will be here to stay, we have reminded students of our dress code. Please take time to discuss appropriate school attire with your son/daughter.

Lastly, as we head into the final two months of our school year, we would like to have you provide your thoughts on Woodgrove High School. Below is a link for our school survey and I ask that you take a few moments to share your thoughts with us.

[Woodgrove High School Spring 2015 Parent Survey Link](#)

Best wishes to everyone and thank you for your support.

William S. Shipp
Principal

WOODGROVE HIGH SCHOOL

School Counseling News

WELCOME

Loudoun Valley Community Center's Advisory Board is now qualified to certify and approve the President's Volunteer Service Award (PVSA) for our local students. Students who are eligible for this program include Blue Ridge and Harmony Middle School students who have completed at least 50 hours of community service and Loudoun Valley and Woodgrove High School students who have completed at least 75 hours of community service between May 1, 2014 and April 30, 2015.

All volunteer hours must be submitted [online](#) or the completed forms turned into Mrs. Sutphin in the Career Center no later than Wednesday, **May 6th** in order to be eligible for an award. Stop by the Career Center for the *Instructions for Students Applying for the President's Volunteer Service Award* and *The Volunteer Record of Service* form or if you have any questions.

Upcoming Events

Advanced Placement Testing

Advanced Placement (AP) testing will begin on Monday, May 4, 2015 – Friday, May 15th, for more specific details regarding times and classes please reference the **May 2015 SOL/AP Testing** calendar included in this month's newsletter.

NOVA Dual Enrollment Placement Test Dates

NVCC is offering Math and English Virginia Placement Test (VPT) dates at Woodgrove High School. Pick a session from the below dates and sign up [online](#). Limited seating available! Sign up soon to reserve a spot!

- Saturday, May 16, 9:00am
- Saturday, June 6, 9:00am

Counselor Cafes

We have scheduled an informative opportunity for parents of 12th grade students:



Counselor Café (Mondays 4:00-7:00p) – The School Counseling Office will be open until 7:00pm on Monday nights (except on holidays and snow days). Counselors will be available to assist seniors and their families with any questions pertaining to the college application process. Please call for an appointment or just stop by.

Visit the [Counseling](#) webpage for more helpful resources.

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.



5/7 at 10:45 am

Northern Virginia Community College

Summer Residential Virginia Governor's School

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.

- [Ira Dorsey Scholarship](#) – Deadline 5/1/15
- [Joe Boling Scholarship](#) – Deadline 5/1/15
- [Loudoun Valley Community Center Scholarship](#) – Deadline 5/1/15
- [Jeffrey C. Fowler Memorial Scholarship](#) – Deadline 5/6/15



Interested in the Military?

Main Office: (540) 751-2600 · Guidance: (540) 751- 2607 · Athletics: (540) 751-2610

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School Counseling News

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.

For more information please click [here](#).

Monthly Military Visit Schedule

 U.S. ARMY	 U.S. NAVY	 U.S. AIR FORCE	 Marines	 NATIONAL GUARD
3rd Tuesday 12:00 PM	1st Thursday 10:45 AM	4th Tuesday 10:45 AM	2nd Tuesday 10:45 AM	2nd Friday 12:00 PM

2014-2015 SAT/ACT Test Dates



Test Date	Registration Deadline	Late Registration
May 2	4/6	4/21
June 6	5/8	5/27



Test Date	Registration Deadline	Late Registration
June 13	5/8	5/22

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. Visit www.huntprograms.com for more information today!

Free PSAT Crams 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.

Engineering Challenge Camp at WVU

West Virginia University's Statler College of Engineering and Mineral Resources will be hosting a camp on their Morgantown, WV campus this summer. They are for students entering 9th-12th grade in the fall. There are 4 different camps, and they stay on campus throughout each week. The camps hold between 20-30 campers (depending on the week), and they still have spots available. The dates and themes of the camp are below. More information including registration information and agendas can be found on their camp website at www.statler.wvu.edu/camps.php. There is limited financial aid available.

- Engineering in Entertainment Co-ed High School Camp -- **June 21-26, 2015**
- Engineering in Action Co-Ed High School Camp -- **July 5-10, 2015**
- STEM All-Female High School Camp -- **July 12-17, 2015**
- Maker Co-Ed High School Camp -- **July 19-24, 2015**

JMU Summer Honors Institute

The weeklong Summer Honors Institute (two sessions: **July 5-11 & 12-18**) will provide students with a great opportunity to get a close glimpse of college life: live in a college dorm, sample classes from a variety of departments, and engage with professors and current students.

A more complete description of the program is available on the SHI website: <http://www.jmu.edu/outreach/honors.shtml>

Please contact Katie LaPira in JMU's Office of Outreach and Engagement if you have questions or would like more information. Katie can be reached at lapirakm@jmu.edu

Leadership Loudoun Youth

A week-long leadership program designed to introduce youth to leadership concepts and to provide exposure and interaction with local business, government and community leaders. Youth spend productive and valuable time learning leadership skills in a classroom-type setting, but spend the majority of the week observing leadership in action with local business, government and community leaders. The program is coordinated in partnership with Leadership Loudoun. The program is open to rising sophomores, juniors and

WOODGROVE HIGH SCHOOL

School Counseling News

seniors who live in Loudoun County. Classes are limited to 25 youth per week to encourage team building and provide a genuine experience in a small group setting.

Mark your calendars for Leadership Loudoun Youth in Summer 2015 for **July 13-17 and August 3-7, 2015**. Applications are open NOW! Visit www.loudounyouth.org for more information.

Round Hill Aquatics Center

We are excited to offer an excellent "first job" opportunity to high school age students. With our brand new facility, we are in recruitment mode in search of lifeguards to staff our year round operation. For more information please contact Eugenia Rovang at 703-727-4000 or via email at eugenia.marie.rovang@loudoun.gov.

Bridle Paths Equine Volunteers Needed

Bridle Paths seeks volunteers to join our team of dedicated staff, volunteers, and horses! The Bridle Paths program offers strength, support, and healing to individuals and families through safe, effective, and high-quality equine-assisted activities and therapies. We provide therapeutic horseback riding instruction and equine-assisted psychotherapy services to individuals and families faced with physical, cognitive, psychological, and emotional needs.

Volunteers are needed to act as horse leaders and side walkers and assist with grooming and tacking horses for lessons. Each volunteer receives training in the specifics of working with horses and riders in a therapeutic context, though horse experience is a welcome asset as well. The Bridle Paths facility includes both indoor and outdoor arenas and a round pen, as well as a climate-controlled viewing area. Additional information and downloadable volunteer forms are available on our website at www.bridlepathsva.org.

American University Kogod Summer Institute

American University will be hosting our first Kogod Summer Institute this coming August 2 - 7. We want to invite students who are rising juniors and seniors to join us in learning about the unique world of sports entrepreneurship and the entertainment industry in the Washington D.C. metro area.

Students will be learning from business professors and guest speakers, but also have the opportunity to network with professionals at site visits in DC. Some of these visits include; National Geographic Television, National Music Publishers Associates, Sound Exchange, Under Armour, Nationals Park, FedEx Field, ESPN, and a few more to be announced.

The KSI is going to be another step to a successful professional career for students. Our Kogod Center for Career Development will be working with students to learn the appropriate behavior for business situations, including networks. While our Center for Business Communication will hone their presentation and team work skills that will resonate in their high school studies and their future college careers.

I invite you to check out our [website](http://www.american.edu/kogod/ksi/index.cfm) to learn more about the KSI. We expect this to be an exciting and successful week at Kogod! <http://www.american.edu/kogod/ksi/index.cfm>

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

	<u>Underclassmen</u>	<u>Seniors</u>
Ms. Astrid Willemsma	A-C	A-Day
Mr. Steven Cohen	D-G	Dean-Har
Mrs. Donna Kelly	H-Mc	Has-Mc
Mrs. Barbara Bell	Me-Sa	Me-Sad
Mrs. Katharine Warehime	Sc-Z	Sc-Z
Mrs. Geri Fiore	Director of School Counseling	
Ms. Teresa Holland	Administrative Guidance	
Mrs. Stephanie Butler	Secretary	
Mrs. Rachel Sutphin	Guidance Secretary	
	Career Center Assistant	

May 2015 SOL/AP Testing

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
					1	2
3	4 A DAY SOL Biology SOL WH 1 AP Chemistry (8AM) AP Psychology (12PM)	5 B DAY SOL Biology SOL WH 1 AP Calc.AB/BC (8AM)	6 A DAY SOL Reading 11 SOL Earth Science AP Eng.Lit/Comp (8AM) Physics 1 (12PM)	7 B DAY SOL Reading 11 SOL Earth Science AP Comp.Science AP Spanish Lang. (8AM) AP Art History & Physics 2 (12PM)	8 A DAY SOL Makeups AP German Language (8AM) AP US History (8AM) AP European Hist. (12PM)	9
10	11 B DAY SOL Geometry AP Biology (8AM) AP Physics C (12PM)	12 A DAY SOL Geometry AP US Govt. (8AM) AP French (12PM)	13 B DAY SOL Chemistry SOL Algebra 1 AP Eng.Lang/Comp(8AM) AP Statistics (12PM)	14 A DAY SOL Chemistry SOL Algebra 1 AP Comp.Govt. (8AM) AP World History (8AM) AP Macro Economics (12PM)	15 B DAY SOL Makeups AP Human Geo. (8AM) AP Microeconomics (8AM) AP Latin (12PM)	16
17	18 A DAY SOL Algebra 2	19 B DAY SOL Algebra 2	20 A DAY SOL VAUS History SOL WH 2	21 B DAY SOL VAUS History SOL WH 2	22 A DAY SOL Makeups	23
24	25  HOLIDAY	26 Expedited Retakes READING 11	27 Expedited Retakes	28 Expedited Retakes	29 Expedited Retakes MATH	30

2015

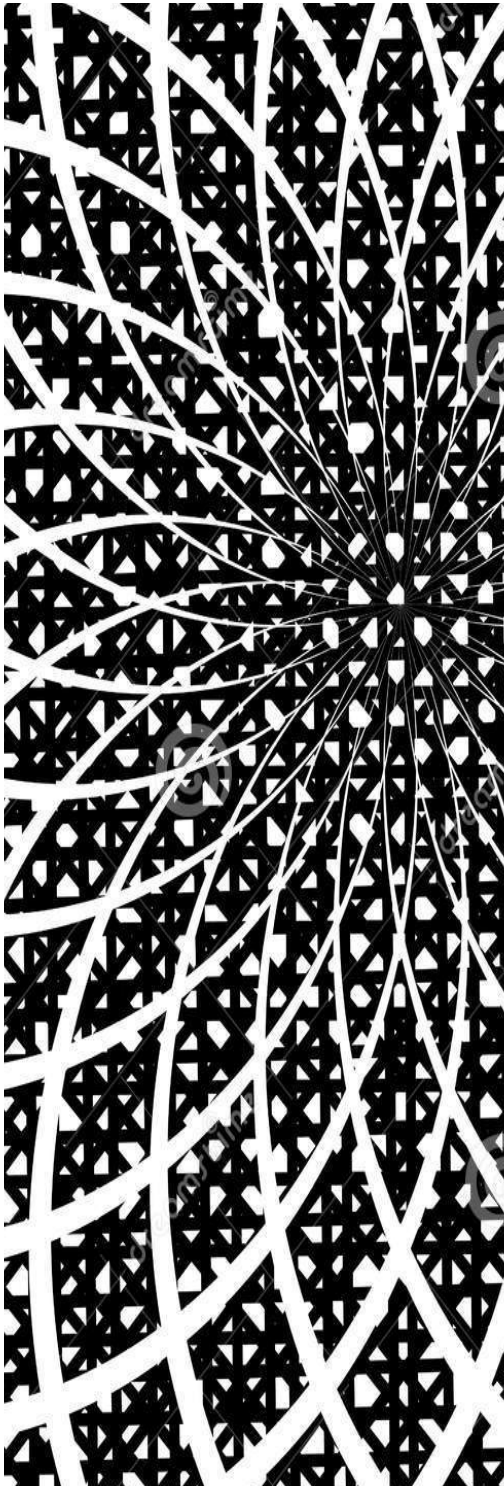
W O O D G R O V E A R T G A L A

F R I D A Y , M A Y 8TH
A T 6 : 3 0 P M

ENTERTAINMENT AT 7PM
CHOIR • THEATRE • BAND
SILENT AUCTION • BASKET RAFFLE

S T U D E N T S '
A R T W O R K
O N D I S P L A Y

ALL FAMILY AND
FRIENDS ARE
INVITED TO ATTEND



PREVENTING TICK-BORNE DISEASES IN VIRGINIA



Spring and summer bring warm temperatures, just right for walking in the woods and other outdoor activities. Warm weather also means that ticks become more active and this can increase the risk of a tick-borne disease. The tick-borne diseases that occur most often in Virginia are Lyme disease, Rocky Mountain spotted fever, and ehrlichiosis.

Lyme Disease

Lyme disease is caused by infection with a bacterium called *Borrelia burgdorferi*. The number of Lyme disease cases reported in Virginia has increased substantially in recent years.

The Tick

The blacklegged tick (*Ixodes scapularis*), formerly known as the deer tick, is the only carrier of Lyme disease in the Eastern U.S. The blacklegged tick's name comes from it being the only tick in the Eastern U.S. that bites humans and has legs that are black (or dark chocolate brown) in color.

Lyme disease transmission to humans usually occurs during the late spring and early summer when young (nymph stage) ticks are active and feeding. Tick nymphs normally feed on

small and medium sized animals, but will also feed on people. These ticks typically become infected with the Lyme disease agent by feeding as larvae on certain rodent species.

In the fall, the nymphs become adults and infected nymphs become infected adults. Adult blacklegged ticks prefer to feed on deer. However, adult ticks will occasionally bite people on warm days of the fall and winter and can transmit Lyme disease at that time.

Transmission of Lyme disease by the nymph or adult ticks does not occur until the tick has been attached and feeding on a human or animal host for at least 36 hours.

The Symptoms

Between three days to several weeks after being bitten by an infected tick, 70-90% of people develop a circular or oval rash, called erythema migrans (or EM), at the site of the bite. To qualify as an EM, the rash must be at least two inches in diameter. That is because bites by some tick species can cause local inflammation and redness around the bite that could be mistaken for an EM. Unlike localized inflammation, an EM rash will increase in size and may become more than 12 inches across. As it enlarges, the area around the center of the rash clears, giving it a "bull's eye" appearance. The EM rash does not itch or hurt so if it is not seen, it may not be noticed. In addition to an EM rash, Lyme disease may cause headache, fever, muscle and joint aches, and a feeling of tiredness. If left untreated, Lyme disease may progress to affect the joints, nervous system, or heart several weeks to months after the tick bite. In a small percentage of infected people, late symptoms may occur months to years later and cause long-term nervous system problems or arthritis.



EM Rash

PREVENTING TICK-BORNE DISEASE IN VIRGINIA

Unfortunately, blacklegged tick nymphs are small (about the size of a pinhead), difficult to see, and cause no itch or irritation at the site of the bite, so many people are not aware they have been bitten. If you have been in an area that might contain ticks and you experience any symptoms of Lyme disease, contact your doctor.

The Treatment

When Lyme disease is detected early, its effects can be mild and easily treated with antibiotics. In the late stages, Lyme disease can be treated successfully with antibiotics, but recovery may take considerably longer.

Rocky Mountain Spotted Fever

Rocky Mountain spotted fever (RMSF) is caused by infection with a bacterium called *Rickettsia rickettsii*. The disease is characterized by a sudden onset of symptoms and can be fatal if not treated. Nearly all cases occur in the spring and summer months.

The Tick

In Virginia, the American dog tick (*Dermacentor variabilis*) is the species known to carry the agent of Rocky Mountain spotted fever. The tick needs to feed on a host/person for only about four hours to transmit the bacteria. Fortunately, less than 1% of American dog ticks carry the agent of RMSF.

The Symptoms

Symptoms of Rocky Mountain spotted fever begin 2-14 days after the tick bite, and may include fever, deep muscle pain, severe headache, chills, and upset stomach or vomiting. From the third to fifth day of illness a red, spotted rash may appear, beginning on the wrists and ankles. The rash spreads quickly to the palms of the hands and soles of the feet and then to the rest of the body. However, only about half of RMSF patients develop a rash.

The Treatment

Antibiotic treatment for RMSF is effective, and suspected RMSF should be treated as soon as possible based on symptoms and a history of tick exposure. The risk of death from RMSF increases by the fifth day of illness - but the rash often does not occur until that time. Therefore, do not wait for RMSF blood test results, or the appearance of a rash, before starting treatment. Treatment is important; almost one-third of those who do not get treated die from this disease.

Ehrlichiosis and Anaplasmosis

Although several diseases can be caused by bacteria in the *Ehrlichia* and *Anaplasma* genera, the most common in Virginia are human monocytic ehrlichiosis (HME) and human granulocytic anaplasmosis (HGA). HME is transmitted only by the lone star tick (*Amblyomma americanum*) and most commonly by bites from adult ticks. Lone star ticks are very common and are responsible for the most tick bites to people in Virginia. HGA is transmitted only by the blacklegged tick (most commonly by bites from nymphal stage ticks). The bacteria causing HME or HGA will not be transmitted unless the infected tick has been attached and feeding for at least 24 hours.

The Symptoms

Symptoms for both HME and HGA can include fever, headache, muscle pain, vomiting, and general discomfort. Illness can be severe - up to 3% of patients may die if not treated.

The Treatment

HME and HGA respond rapidly to treatment with antibiotics. Treatment should be based on symptoms (including platelet and liver enzyme tests) and history of tick exposure. Treatment should not be delayed while waiting for ehrlichiosis- or anaplasmosis-specific serology results.

Other Diseases

Ticks can transmit other diseases, such as tularemia (rabbit fever) and babesiosis. Neither of these illnesses is common in Virginia. Tularemia is a bacterial disease that has a sudden onset of fever and chills. Typically, an ulcer develops at the site of the tick bite and surrounding lymph nodes become enlarged. Tularemia is a serious illness and untreated cases may be fatal. Tularemia is most commonly associated with the American dog tick, but may also be transmitted by the lone star tick. Babesiosis is caused by a parasite that infects red blood cells. The babesiosis agent is transmitted only by infected black legged ticks. Symptoms include fever, chills, muscle aches, fatigue, and jaundice. Fatalities may occur in immuno-compromised or splenectomized patients.

PREVENTIN G TICK-BORNE DISEASE IN VIRGINIA

Spotted rash on arm and hand of RMSF patient.



Prevention

Ticks do not jump or fly; they wait on the forest floor, leaf litter, or low vegetation and attach to the feet or shoes of people or legs of animals as they pass by. The ticks then crawl upward.

The following steps can reduce your risk of tick-borne diseases:

- Avoid potential tick habitats such as tall grass and vegetation in shaded areas, forests, and along forest edges.
- Walk in the center of mowed trails to avoid brushing against vegetation.
- Keep grass cut and underbrush thinned in yards. If pesticides are used for tick control, follow directions carefully or hire a professional to apply the pesticide.
- Eliminate wood piles and objects that provide cover and nesting sites for small rodents around your property.
- Wear light-colored clothing so that ticks are easier to see and remove.
- Tuck pant legs into socks and boots, tuck shirts into pants, and wear long-sleeved shirts buttoned at the wrist.
- Conduct tick checks on yourself and your children every four to six hours while in tick habitat.
- Apply tick repellent to areas of the body and clothing that may come in contact with grass and brush. Repellents include those containing up to 50% DEET for adults or less than 30% for children. An aerosol repellent/insecticide containing 0.5% permethrin may be applied to shoes, socks, and other clothing, but should not be used on skin. Follow directions carefully and do not overuse. Some tick repellents can cause toxic or allergic reactions.
- Ask your veterinarian to recommend tick control methods for your pets. Animals can get Lyme disease, Rocky Mountain spotted fever, and ehrlichiosis, but they do not transmit these diseases to humans.

Tick Removal

Because ticks do not transmit disease until they have been attached to the host for several hours or several days, it is very important to remove ticks as soon as they are found. The following is the best way to remove a tick:

- Grasp the tick with tweezers as close to the skin as possible and gently, but firmly, pull it straight out. Avoid any twisting or jerking motion that may break off the mouth parts in the skin. Mouth parts left in the wound may cause irritation or infection similar to a reaction from a splinter.

- If tweezers are not available, protect your fingers with

gloves, tissue, or a paper towel; do not touch the tick with bare fingers. Do not squeeze or rupture the tick's swollen abdomen. This may cause an infectious agent to contaminate the bite site and cause disease.

- After the tick has been removed, wash hands with soap and water. Apply a topical antiseptic to the bite site.

- You can dispose of the tick by drowning it in alcohol or flushing it down a drain or toilet. However, it may be useful to save the tick in alcohol for several weeks and have it identified by an expert in case you become ill. Knowing what kind of tick bit you might help your doctor diagnose the illness..

- Tick removal using nail polish, petroleum jelly, alcohol or a hot match is not safe. These methods could cause the tick to regurgitate an infectious agent into the site of the bite.

www.vdh.virginia.gov

April 2010



WOODGROVE HIGH SCHOOL

The Woodgrove High School Fine Arts Gala - **Friday, May 8 at 7:00 pm**

The Woodgrove Music and Arts Association would like to invite the Woodgrove community to an exciting evening of art and entertainment during the Woodgrove High School Fine Art Gala and Auction. This evening will spotlight the entire Fine Arts Department, featuring art displays, drama productions, and music performances throughout the night. Delicious desserts and refreshments will be served as supporters browse the many outstanding silent and live auction items making this a night to remember!

Saturday, April 25, 2015 four Woodgrove Astronomy students volunteered at the United States Air and Space Museum's Hubble Telescope Day in Loudoun County

Rebecca Hyman
Garrett Jones
Ryan Menefee
Chris Thames



The students worked showing the attending children and parents space suit glove types, drawing what they would see out the window of a spacecraft concentrating on star colors, and what makes the colors. They assisted with the digital planetarium presentations.

The students met and interviewed with N.A.S.A. astronaut Michael T. Good who flew on space shuttle missions STS 125 and STS 132, as a mission specialist, the first mission repairing the Hubble Space Telescope. They were interviewed by N.A.S.A. television.

Bob McMillen, Instructor

ATTENTION:

AFFORDABLE SPORTS

PHYSICALS...

VHSL sports physicals for all high school athletes and youth football players will be performed by local health care providers!



Loudoun Valley and Woodgrove Athletics

These physicals will satisfy the 2015-2016 pre-participation examination requirements for all high school athletes and youth football players. Come to:

Loudoun Pediatric Associates

205 East Hirst Road Suite 302
Purcellville, VA 20132

MAY 27, 2015

New ONLINE REGISTRATION!

High School <https://webinter.lcps.org/SPAR/>



ULYFL Players	5:30 PM
Rising 9th Grade	6:00PM
Rising 10th Grade	6:30PM
Rising 11th Grade	7:00PM
Rising 12th Grade	7:30PM

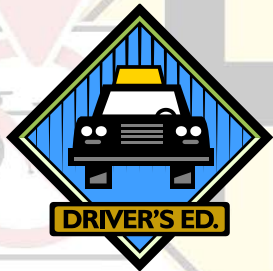
PRE-REGISTER FEES ONLY

\$30 for the first athlete in the family...**\$25** for each additional athlete in the family! **\$35** walk-ins.

Please Contact the LVHS Athletic Department with any questions (540) 751-2410

WOODGROVE HIGH SCHOOL

Drivers Ed Available – Summer dates now being scheduled



Attention Students that need to take 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!!

Woodgrove HS phone: 540 751-2607

CLINIC CORNER



The end of the school year is fast approaching. I will be sending you a letter if your child has any medication remaining in the clinic at the end of the school year. You will need to drop by the clinic to pick up the medication before school ends. Clinic hours are between 8:30 am and 4:30 pm daily. Students are not allowed to transport medication home. Medication that is not picked up by the last day of school June 16, 2015 will be discarded.

LCPS requires a new physician's order /care plan each school year for the medication or specialized care which your child receives at school. If your child will continue to need medication or specialized health care at school, you and your child's physician must complete and sign the proper form(s). Please note that parents may not amend the physician's order for managing the child's medical condition.

The required forms are available in the WHS clinic or online at www.lcps.org Click on the "Parents" tab and the forms will be found under Medication at School-For Parents. The forms should be returned, along with appropriate medication, the week before school starts. All Over-the Counter and Prescription Medications require the Medication Authorization form to be completed. Below is a list of other health conditions with information about the required medical form:

MEDICAL CONDITON :

SEVERE ALLERGY & EPINEPHRINE –AUTO INJECTOR. You must complete all four pages. The doctor must sign page 1 if a student will carry and self-administer epinephrine.

SEIZURES

ASTHMA WITH INHALER AND /OR NEBULIZER.

DIABETES

CURRENT MEDICAL PROCEDURES, such as Tube feeding, catheterizations. Please contact school nurse

NEW HEALTH CONCERNS OR MEDICAL PROCEDURES- Please contact school nurse

PARENTS MUST TRANSPORT ALL MEDICATION TO AND FROM SCHOOL. WE ASK THAT YOU BRING IN YOUR CHILD'S MEDICATIONS WITH THE APPROPRIATE PAPERWORK THE WEEK BEFORE SCHOOL STARTS. This will allow me to organize and help promote a safe, healthy environment for all students when they arrive the first day. I will be attending meetings the first week that I am back so it may be best to call the clinic before coming to school to insure I am able to meet with you.

Thank you, as always if you have any questions please do not hesitate to call me at 540-751-2606

Stephanie Lovasz, RN

WOLVERINE SPORTS MEDICINE

Volume 5, Issue 9

May, 2015

Sports Injuries

Iliotibial Band Syndrome

Iliotibial band syndrome (ITBS) is the most common cause of lateral knee pain in runners, with an incidence as high as 12% of all running related injuries. ITBS is usually the result of overuse or overtraining. Sudden increases in distance or intensity and running on uneven surfaces such as the shoulder of the road may cause ITBS. Other predisposing factors include prominent lateral femoral condyles or tight iliotibial band (ITB).

The ITB is a belt-like band of tissue that runs from a muscle on the outer side of the hip, the tensor fascia lata, down the outer side of the thigh and attaches to the outer side of the kneecap and lower leg. Other muscles of the hip also attach to the ITB and together with the tensor fascia lata control outward hip movement (abduction). The ITB also provides stability to the lateral side of the knee.

The end of the thigh bone (femur) has two large projections called epicondyles. When the knee is fully straight the ITB lies in front of the lateral epicondyle of the femur. As the knee bends, the ITB slips over the lateral epicondyle and lands behind it. Friction occurs where the ITB passes over the lateral epicondyle. This friction can result in inflammation of the bursa that separates the ITB from the underlying bone.

Treatment of ITBS includes relative rest, icing, and medications to reduce inflammation and pain. Preventative measures for ITBS include stretching the ITB, quadriceps, hamstring and gluteal muscles 2-3 times per day, and avoiding excessive downhill running and running on cambered roads. Wearing orthotics to correct over-pronation may also help.

Nutrition

Blackcurrant Nectar

Daily consumption of blackcurrant nectar may reduce muscle damage and inflammation after exercise according to a recent research study. Sixteen ounces per day of the blackcurrant nectar were associated with reductions in the activity of creatine kinase, a blood marker of muscle damage, by 6.7% report the researchers. Blackcurrants are a good source of vitamin C, anthocyanins and other antioxidants. According to the USDA, blackcurrants provides about 181 mg. of vitamin C.

The study included 16 college students randomly assigned to consume either the blackcurrant nectar beverage (CurrantC) or placebo twice per day for eight days. On day four the participants performed a bout of knee extension exercises and blood samples were taken 24, 48, and 96 hours after the exercise. The results of this research suggest that the critical window during which supplementation is most effective in reducing symptoms of exercise-induced muscle damage is immediately after eccentric exercise. This is when the circulating concentration of creatine kinase is rapidly increasing. Continued supplementation with antioxidants after eccentric exercise appears to rapidly reverse exercise induced muscle damage by as early as 48 hours post-exercise.



Student Council News

This past April, elections for next year's Class Councils were held. The positions of President, Vice President, Treasurer, Secretary/Historian, and Public Relations Officer were elected for each grade level. The new officers representing each class for the 2015-2016 school year include:

The Sophomore Class of 2018

President Lance Czarnecki,

Vice President Lexi Tromley,

Treasurer Ailish Liston,

Secretary/Historian Caitlin Williams,

Public Relations Officer Elizabeth Aramayo

At Large Members Ellie Cirillo, Meghan Cleary, and Ryan Sorenson

The Junior Class of 2017

President Rozlan Basha,

Vice President Caleb Blank,

Treasurer Grace Robinson,

Secretary/Historian Erin Stitt

Public Relations Officer Shea Geremia

At-Large Members Arianna Larson, and Pat Ward

The Senior Class of 2016

President Wesley Hoffer

Vice President Mary Anna Adams,

Treasurer Adam Hudler,

Secretary/Historian Alivia McAtee

Public Relations Officer Virginia Olchavski

Congratulations to all new incoming Officers and At-Large Members! New members will be installed at the Student Council Banquet this May.

The Student Council also hosted the annual Spring Fever Week this April. The Spirit Week included XL T-shirt day, Starter Pack Day, Decades Day, Twin Day, and Tie-Dye Day. The Spring Fever Spirit Week was the last event to contribute to the Spirit Plate for this school year. The Sophomore Class ended the year with the most Spirit Plate points, and will be awarded a field day celebration this upcoming May.

Changes to the Student Council Constitution also may be happening this month. Four motions have been proposed to amend the existing Constitution. These motions include a change to create a more effective attendance policy, a change to create a reduced required attendance percentage, and motions to open up Executive Board positions to include any member who has spent at least one year in the SCA, instead of only rising Juniors and Seniors. These motions will be voted on at the next General Assembly Meeting. If passed, they will go into effect immediately, and be applied for the 2015-2016 school year.

**On Thursday, June 18th, from 4:00-8:00 PM,
AV Symington Aquatics Center in Ida Lee Park
will welcome the
Woodgrove High School graduating class of
2015!**

The PTSO has reserved the entire water park for our seniors to enjoy an evening of live Hawaiian island entertainment, a full catered menu, and dance music provided by a professional DJ. Just attending will also enter you a chance for one of the great prizes being raffled off at the Luau! You could win a Blu-ray player, Kindle, Keurig, Kindle Fire, or other goodies!

Tickets will be available on line beginning May 1st or in person the last week of May/first week of June. Tickets are \$10 in advance and \$15 at the door for this exclusive, WHS Seniors Only, event. The permission form can be found here: <http://www.lcps.org/Page/146675>.



**We would like to thank our
sponsors to date:**

Harmony Middle School PTSO
Kestler Financial
Magnolias Restaurant
Stoneleigh Golf Club
Dr. Thomas Grisius, DDS
Town of Hamilton
Bob Caines, realtor
Hillsboro United Methodist Church
Dr. Gregory DiRenzo
Virginia Coach Company
Bluemont Citizen's Association



Dear Western Loudoun Businesses, Organizations, Partners and Parents:

Woodgrove High School is looking eagerly ahead to the graduation of our fourth senior class on June 18, 2015. Statistically, it has long been proven that teen fatalities behind the wheel of an automobile peak during the period of time between prom and graduation. The Woodgrove PTSO is dedicated to providing a safe and sane outlet for the Class of 2015 to spend one last memorable evening together as Wolverines before they embark on even greater adventures. With your help, we hope an ever increasing number of our senior class population will participate in the AFTER GRADUATION CELEBRATION FOR THE CLASS OF 2015! This year's event will take place at the AV Symington outdoor aquatic facility in Leesburg, which is located at Ida Lee Park. The PTSO has rented the entire facility solely for the use of the Senior class as they celebrate the FINAL FOUR years. This is the first graduation class that has spent their entire high school career at Woodgrove! Please mark your calendars for June 18th from 4-8 pm. Tickets will be available online at the WHS PTSO website beginning in May 1st for \$10 each or in person the last week of May and first week of June. Save some money and buy them in advance, plus get extra chances to win some super raffle prizes! *A permission form is required and can also be found on our website.*

We welcome sponsors for this event. Please consider making a tax-deductible monetary donation to our cause. We also welcome contributions in the form of services, gift certificates or prizes to give to our seniors for participating in this safe end of the year celebration. Please make your check payable to the "Woodgrove High School PTSO" and notate in the memo that funds should be earmarked for after-grad night. Our tax ID number is 27-2800768. We gladly give recognition to our sponsors via our e-newsletter, website and social media sites.

Sincerely,

Susanne Kahler
Woodgrove High School PTSO President
WoodgrovePTSOPresident@gmail.com
(540) 751-9025
36811 Alder School Road
Purcellville, VA 20132



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.*



Look for this logo and follow
Woodgrove High School on
Facebook and on Twitter!



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](http://www.lcps.org/Page/69200)



Giant, Harris Teeter & Target Reward Programs

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



Harris Teeter

School code: 1613

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> 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](https://www.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](https://www.target.com/tcoe).

Any questions please email woodgroveptsofundraising@gmail.com.
Thanks for your support!

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>

Woodgrove High School

2014 – 2015 Bell Schedules

REGULAR A/B DAY SCHEDULE - 4 Lunch Shifts

<u>A Day</u> Green Day		<u>B Day</u> Blue Day	
8:55-9:03	Homeroom	8:55-9:03	Homeroom
9:08-10:34	1 st Period	9:08-10:34	5 th Period
10:39-12:05	2 nd Period	10:39-12:05	6 th Period/Flex* (10:39 – 11:20) (11:25 – 12:05)
12:10-2:12	3 rd Period	12:10-2:12	7 th Period
Lunch 12:05-12:35 12:37-1:07 1:09-1:39 1:41-2:12	Shift I Shift II Shift III Shift IV	Lunch 12:05-12:35 12:37-1:07 1:09-1:39 1:41-2:12	Shift I Shift II Shift III Shift IV
2:17-3:43	4 th Period	2:17-3:43	8 th Period

REGULAR A/B DAY SCHEDULE – Open Lunch

<u>A Day</u> Green Day		<u>B Day</u> Blue Day	
8:55 – 9:03	Homeroom	8:55-9:03	Homeroom
9:08-10:34	1 st Period	9:08-10:34	5 th Period
10:39-12:05	2 nd Period	10:39-12:05	6 th Period/Flex* (10:39 – 11:20) – (11:25 – 12:05)
12:05-12:43	Open Lunch 10,11,12 – release 12:03	12:05-12:43 10,11,12 – release 12:03	Open Lunch
12:48-2:12	3 rd Period	12:48-2:12	7 th Period
2:17-3:43	4 th Period	2:17-3:43	8 th Period

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

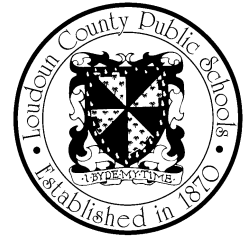
Business & Financial Services

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:

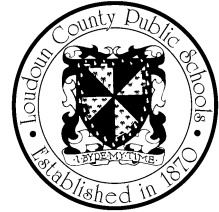
iPods, iPads, cell phones, cameras, tablets, lap top computers, etc.

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 esta sujeta a pérdidas por accidente, robo ó vandalismo.**

Worth Avenue Group esta 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, enséñele 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 mas 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.

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



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.

2014-2015 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.

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.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
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.

	With Extended Dental		Without Extended Dental	
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	Low Option High Option	\$84.00 \$124.00	Low Option High Option	\$75.00 \$115.00
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.	Low Option High Option	\$28.00 \$40.00	Low Option High Option	\$19.00 \$31.00
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.	Low Option High Option	\$27.00 \$35.00	Low Option High Option	\$18.00 \$26.00
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.	Low Option High Option	\$137.00 \$209.00	Low Option High Option	\$128.00 \$200.00
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.	Low Option High Option	\$60.00 \$89.00	Low Option High Option	\$51.00 \$80.00
High School Football and At-School Accident (Covers all athletics)	Low Option High Option	\$164.00 \$244.00	Low Option High Option	\$146.00 \$226.00
High School Football and 24-Hour Accident (Covers all athletics)	Low Option High Option	\$221.00 \$333.00	Low Option High Option	\$203.00 \$315.00

Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. 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

 Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____
If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____
Accident Only Coverage: ☐ 24-HOUR ☐ 24-HOUR (Summer Only Coverage)
☐ AT-SCHOOL ☐ FOOTBALL ☐ FOOTBALL (Spring Only) ☐ EXTENDED DENTAL

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

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 substantial 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 Policyholder 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 eye glasses, 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.

10. Expenses Incurred for supervision of an anesthetist.

11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.

12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.

13. Expenses Incurred for any condition covered by any Workers’ Compensation Act, Occupational Disease law or similar law.
- Accident Only Definitions:
- Injury** A bodily injury which is:
1. directly and independently caused by specific Accidental contact with another body or object;

2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and

3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.
- For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:
1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and
- For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.
- 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 our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.
- | | |
|--|----------|
| Life | \$10,000 |
| Both arms or both legs | \$10,000 |
| Both hands and both feet | \$10,000 |
| One arm and one leg | \$10,000 |
| One hand and one foot | \$10,000 |
| Either both hands or both feet | \$10,000 |
| Speech and hearing in both ears | \$10,000 |
| The sight of both eyes | \$10,000 |
| The sight of one eye and either one hand or one foot | \$10,000 |
| Either one arm or one leg | \$7,500 |
| Either one hand or one foot | \$5,000 |
| Speech or hearing in both ears | \$5,000 |
| Sight of one eye | \$5,000 |
| Hearing in one ear | \$2,500 |
| Both the thumb and index finger of one hand | \$2,500 |

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:

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

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

TOTAL ENCLOSED: \$ _____

1846 (FL/KS/NE/VA_MB_ENG_03/14)

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

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.)

Loudoun County Public Schools

Business & Financial Services

21000 Education Court, Suite 301

Ashburn, VA 20148

(571) 252-1280** (571) 252-1432 fax



!!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 póliza, 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 de accidentes para estudiantes 2014-2015

Servicio prestado por: **K&K Insurance Group, Inc.** Teléfono: 855-742-3135

Recuerde visitar nuestro sitio web para una inscripción más rápida: www.studentinsurance-kk.com
Inscripción por Internet —La Cobertura de accidentes garantizada se puede comprar en cualquier momento durante todo el año.

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 incurridos 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.*

Compare y elija	Opción baja de Solo accidentes	Opción alta de Solo accidentes
Beneficio máximo:	\$25,000 (por cada lesión)	\$25,000 (por cada lesión)
Deducible:	\$0	\$0
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: (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía)	\$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: (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía o fisioterapia)	\$40 primer día/ \$25 cada día subsiguiente	\$60 primer día/ \$40 cada día subsiguiente
Fisioterapia para pacientes ambulatorios: (Los beneficios se limitan a una consulta por día)	\$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: (El tratamiento se debe realizar en el término de 72 horas desde que se produce la lesión)	\$150 como máximo	\$300 como máximo
Radiografías:	\$200 como máximo	\$600 como máximo
Servicios de diagnóstico por imágenes:	\$300 como máximo	\$600 como máximo
Laboratorio:	\$50 como máximo	\$300 como máximo
Medicamentos recetados:	\$75 como máximo	\$200 como máximo
Inyecciones:	No hay beneficios	No hay beneficios
Aparatos y dispositivos ortopédicos:	\$75 como máximo	\$140 como máximo
Paciente hospitalizado y/o paciente ambulatorio		
Honorarios del cirujano: (Cirugía especializada según datos suministrados por Ingenix, Inc.) (No se pagará más de un procedimiento a través de la misma incisión)	\$1,000 como máximo	\$1,200 como máximo
Anestesiista:	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 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.*

Elija su plan de cobertura: Pago único para cobertura de accidente

OBSÉRVESE – PARA LOS PLANES DE COBERTURA ENUMERADOS A CONTINUACIÓN

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.

Fecha de vencimiento de la cobertura: La cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura 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.

	Con ampliación de la cobertura odontológica		Sin ampliación de la cobertura odontológica	
Accidente las 24 horas (alumnos y empleados) A toda hora/en cualquier parte del mundo. Antes, durante y después del horario escolar. Los fines de semana, vacaciones y todo el verano, incluidos los cursos de verano. Deportes patrocinados por la escuela y extracurriculares, queda excluido el fútbol americano de preparatoria.	Opción baja	\$84.00	Opción baja	\$75.00
	Opción alta	\$124.00	Opción alta	\$115.00
Accidente las 24 horas (cobertura solo durante el verano, solo estudiantes) El verano comienza el primer día después de que termina el año escolar. El verano termina el primer día del año escolar siguiente.	Opción baja	\$28.00	Opción baja	\$19.00
	Opción alta	\$40.00	Opción alta	\$31.00
Accidente en la escuela (alumnos y empleados) Durante el período lectivo regular, 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. Traslados desde y hacia actividades y deportes patrocinados y supervisados por la escuela en un vehículo proporcionado o aprobado por la escuela.	Opción baja	\$27.00	Opción baja	\$18.00
	Opción alta	\$35.00	Opción alta	\$26.00
Ampliación de la cobertura odontológica (solo accidentes) Cobertura complementaria ampliada para alumnos con Cobertura en la escuela, las 24 horas o de fútbol americano – Limitada a las fechas de vigencia de la póliza y la opción de cobertura de solo accidentes seleccionada de la Persona cubierta. Reemplaza la cobertura odontológica estándar con una cobertura del 80% de los Cargos razonables hasta un límite máximo de \$10,000 por lesión.				
Preparatoria Fútbol americano Juego, práctica o partidos de fútbol americano regulares programados. Consulte con el Departamento de Deportes a fin de obtener las instrucciones para la inscripción.	Opción baja	\$137.00	Opción baja	\$128.00
	Opción alta	\$209.00	Opción alta	\$200.00
Preparatoria Fútbol americano (solo primavera) Para los jugadores nuevos que participan en el entrenamiento de primavera y todavía no están asegurados en virtud de la Cobertura de fútbol americano. La asociación de atletismo de las preparatorias de su estado define las temporadas de deportes.	Opción baja	\$60.00	Opción baja	\$51.00
	Opción alta	\$89.00	Opción alta	\$80.00
Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas)	Opción baja	\$164.00	Opción baja	\$146.00
	Opción alta	\$244.00	Opción alta	\$226.00
Preparatoria Fútbol americano y Accidente las 24 horas (Cubre todas las disciplinas atléticas)	Opción baja	\$221.00	Opción baja	\$203.00
	Opción alta	\$333.00	Opción alta	\$315.00

Datos sobre la Póliza

1. ¿QUIÉNES REÚNEN LOS REQUISITOS? Son elegibles los alumnos del titular de la póliza que efectúan 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 es una póliza no renovable.
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 cobertura 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.

Inscríbase 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. Emita el cheque o el giro postal pagadero a Nationwide Life Insurance Company. No envíe dinero en efectivo. La Compañía no se hace responsable de los pagos en efectivo.
3. Escriba el nombre de su hijo en el cheque o giro postal.
4. Envíe por correo el formulario completado con el pago a:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
5. El cheque cancelado, la facturación de la tarjeta de crédito o el talón del giro postal serán su comprobante y la confirmación del pago.
6. Conserve este folleto para consultar en el futuro.
No se le enviarán pólizas individuales.

Política de privacidad

Sabemos que su privacidad es importante para usted y nos esforzamos por proteger la confidencialidad de su información personal no pública. No revelamos ninguna información personal no pública sobre nuestros clientes o exclientes a nadie, excepto según lo permita o exija la ley. Consideramos que mantenemos las salvaguardias físicas, electrónicas y procedimentales apropiadas para garantizar la seguridad de su información personal no pública.

Administrado por:

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



Recorte la tarjeta y consérvela para sus registros

TARJETA DE SEGURO DEL ALUMNO

Nombre del alumno _____
Si se ha pagado la prima, el alumno, cuyo nombre aparece más arriba, ha sido asegurado en virtud de la Póliza emitida para:

Distrito escolar: _____

Cobertura solo para accidentes: ☐ 24 HORAS ☐ 24 HORAS (cobertura solo durante el verano)
☐ EN LA ESCUELA ☐ FÚTBOL AMERICANO ☐ FÚTBOL AMERICANO (solo primavera)
☐ AMPLIACIÓN DE LA COBERTURA ODONTOLÓGICA

Pagado con el cheque N.º _____ Cantidad pagada: _____ Fecha de pago: _____
N.º de póliza _____

Suscrito por: Nationwide Life Insurance Company
**Preguntas sobre las reclamaciones: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917**

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 perpetración 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 cualquier droga, narcótico, psicotrópico 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 autoinflija 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, salto elástico (bungee), lanzamiento en paracaídas 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, barcos y embarcaciones personales. El concepto Vehículo a motor no incluye una silla de ruedas motorizada necesaria por razones médicas, a menos que dicha actividad esté explícitamente consignada como una Actividad cubierta en el Programa de beneficios.

5. Tratamiento médico o quirúrgico, atención de diagnóstico o preventiva de cualquier Enfermedad, excepto el tratamiento de una infección piógena 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* u *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.

9. Los Gastos incurridos por o a propósito de Atención personal no médica, a menos que se especifique lo contrario en el Programa de beneficios.

10. Los Gastos incurridos por la supervisión de un anestesista.

11. Los Gastos incurridos por el alquiler de Equipos médicos duraderos que superen el precio de compra.

12. Los Gastos incurridos por la posterior reparación y reemplazo de dispositivos protésicos.

13. Los Gastos incurridos por cualquier afección cubierta por alguna Ley de Compensación de los Trabajadores, Ley de Enfermedades Ocupacionales o ley similar.
- 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 cardíaco 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, hernias, 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, incluidas 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.
- | | |
|---|----------|
| Vida | \$10,000 |
| Ambos brazos o ambas piernas | \$10,000 |
| Ambas manos y ambos pies | \$10,000 |
| Un brazo y una pierna | \$10,000 |
| Una mano y un pie | \$10,000 |
| Ambas manos o ambos pies | \$10,000 |
| El habla y la audición en ambos oídos | \$10,000 |
| La visión de ambos ojos | \$10,000 |
| La visión de un ojo y una mano o un pie | \$10,000 |
| Un brazo o una pierna | \$7,500 |
| Una mano o un pie | \$5,000 |
| El habla o la audición en ambos oídos | \$5,000 |
| La visión de un ojo | \$5,000 |
| La audición de un oído | \$2,500 |
| El dedo pulgar y el índice de una mano | \$2,500 |

Formulario de inscripción (Año escolar 2014-2015)

Apellido del alumno: _____
Nombre del alumno: _____
Segundo nombre del alumno: _____ Fecha de nacimiento: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código postal: _____
Nombre del distrito escolar (obligatorio): _____
Nombre de la escuela: _____
Grado: ☐ Prekinder/Preescolar ☐ Kindergarten/Escuela primaria ☐ Escuela secundaria ☐ Preparatoria/Nivel más alto
Firma del padre/madre o tutor: _____
Fecha: _____ Dirección de correo electrónico: _____ Número de teléfono: _____

Opciones del Plan de seguro para estudiantes — Marque su elección:

Planes de cobertura solo para accidentes	Opción baja	Opción alta
24 HORAS, con ampliación de la cobertura odontológica	<input type="checkbox"/> \$84.00	<input type="checkbox"/> \$124.00
24 HORAS, sin ampliación de la cobertura odontológica	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$115.00
24 HORAS, Solo durante el verano, con ampliación de la cobertura odontológica	<input type="checkbox"/> \$28.00	<input type="checkbox"/> \$40.00
24 HORAS, Solo durante el verano, sin ampliación de la cobertura odontológica	<input type="checkbox"/> \$19.00	<input type="checkbox"/> \$31.00
EN LA ESCUELA, con ampliación de la cobertura odontológica	<input type="checkbox"/> \$27.00	<input type="checkbox"/> \$35.00
EN LA ESCUELA, sin ampliación de la cobertura odontológica	<input type="checkbox"/> \$18.00	<input type="checkbox"/> \$26.00
Preparatoria FÚTBOL AMERICANO, Todo el año, con ampliación de la cobertura odontológica	<input type="checkbox"/> \$137.00	<input type="checkbox"/> \$209.00
Preparatoria FÚTBOL AMERICANO, Todo el año, sin ampliación de la cobertura odontológica	<input type="checkbox"/> \$128.00	<input type="checkbox"/> \$200.00
Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, con ampliación de la cobertura odontológica <i>Para jugadores nuevos</i>	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$89.00
Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, sin ampliación de la cobertura odontológica <i>Para jugadores nuevos</i>	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$80.00
Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, con ampliación de la cobertura odontológica <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$164.00	<input type="checkbox"/> \$244.00
Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, sin ampliación de la cobertura odontológica <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$146.00	<input type="checkbox"/> \$226.00
Preparatoria FÚTBOL AMERICANO y 24 HORAS, con ampliación de la cobertura odontológica <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$221.00	<input type="checkbox"/> \$333.00
Preparatoria FÚTBOL AMERICANO y 24 HORAS, sin ampliación de la cobertura odontológica <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$203.00	<input type="checkbox"/> \$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: \$ _____

1857 (FLKSNEVA_MB_SPA_04/14)

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.º de calle _____ Dirección _____ N.º 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.)