



Proof of Insurance for

Last name

First (Middle) name

The parents or legal guardians signing below confirm that their son / daughter is covered by a health insurance company or a private insurance company who guarantees cost coverage for the subsequently mentioned costs:

- a. Costs for ambulatory treatment in case of illness or accident
- b. Costs for the general ward of a public hospital in Switzerland or Liechtenstein in case of illness or accident
- c. Costs for accidents at school
- d. Costs for dental damage caused by an accident

We confirm that our son / daughter does not need any further insurance coverage. We will settle personally all cost not covered by the above-mentioned insurances such as franchise, retention, not covered events and costs. Further, we explicitly and unrestrictedly refrain from taking recourse against Stiftsschule Engelberg.

This confirmation remains valid for the time being enrolled at Stiftsschule Engelberg.

Place and date

Signature of parents / legal guardian(s)