

STATEMENT OF INSURANCE COVERAGE

** I certify that JROTC/NDCC Cadet _____, who is participating in **Campbell University's JROTC Drill Meet, 19 March 2005** for _____ **High School** has insurance coverage through _____ and is fully covered if any medical issues should arise and the school must seek medical attention in accordance with AR 145-2, paragraph 5-13 (3).

(Signature of DAI/SAI/AI)

(Printed Name of DAI/SAI/AI)

(date)

**The SAI will ensure that the cadet insurance covers the scheduled training activities.