

**CERTIFICATION OF MEDICAL INSURANCE
AND
INDEMNITY AGREEMENT**

The undersigned, as parent/s or legal guardians of _____
("Child"), so hereby certify to 1 – ("School") and the Catholic Diocese of Belleville ("Diocese")
the following:

(Complete Section below that applies)

SECTION 1

_____ The Child is covered under a medical insurance policy or health care plan,
specifically:

(Name of Insurer or Plan)

(Policy or Group Number)

SECTION 2

_____ I/We agree to obtain Student Accident Insurance which is offered through the
School.

I/We further understand that the School does not provide any medical insurance coverage for
the Child, and the I/We assume all responsibility for payment of any medical expenses
(including, but not limited to, doctors' fees, hospital charges, or any other medical or related
charges) incurred by the child due to any injury or illness that occurs while the Child is in
attendance at the School, or participating in any School-sponsored activity, including athletic
events.

I/We hereby agree to hold harmless and indemnify the School and Diocese, including their
employees, volunteers, clergy and religious, from any claims for medical expenses described
above.

I/We have read the above Agreement and fully understand the terms contained herein, and
agree to abide by its terms.

(Parent/Guardian)

(Date)

(Parent/Guardian)

(Date)