

# St. Aloysius School

## 2017-2018 CERTIFICATION OF MEDICAL AND INDEMNITY AGREEMENT

The undersigned, as parent(s) or guardian(s) of

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List Student(s) Name(s)

do certify to St. Aloysius School and the Catholic Diocese of Springfield in Illinois the following:

### SECTION 1 (Please check one)

- My child is covered under a medical insurance policy or health care plan, specifically:

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(Name of Insurer or Plan)

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(Policy or Group Number)

- My child is not covered under a medical insurance policy or health care plan. I/We agree to obtain Student Accident Insurance which is offered through the school.

### SECTION 2 (Initial each line)

\_\_\_\_ I/We further understand that St. Aloysius School does not provide any medical insurance coverage for the Child, and that 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 St. Aloysius School or participating in any St. Aloysius School sponsored activity, including athletic events.

\_\_\_\_ I/We hereby agree to hold harmless and indemnify St. Aloysius School and the Catholic Diocese of Springfield in Illinois 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 and contained herein, and agree to abide by its terms.

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Date

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X Parent/Guardian

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X Parent/Guardian