

**CERTIFICATION OF MEDICAL INSURANCE
AND
INDEMNITY AGREEMENT**

Sacred Heart School, Pana, Illinois 62557
School Year _____ - _____

The undersigned, as parent(s) or legal guardian of _____ (Child), do hereby certify to Pana Sacred Heart School and the Catholic Diocese of Springfield in Illinois (Diocese) the following:

(Complete section below that applies and return to school office)

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 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 the School, or participating in any School-sponsored activity, including athletic events. I/We was given a Student Accident Insurance form at registration.

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)