

**CERTIFICATION OF MEDICAL INSURANCE
AND INDEMNITY AGREEMENT**

The undersigned, as parent/s or legal guardian/s of _____,
so hereby certify to Blessed Sacrament School and the Catholic Diocese of Belleville 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.

SECTION 3 Please Initial

_____ In the event of a change in our insurance coverage, I agree to notify the school
immediately and obtain Student Accident Insurance.

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 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)