

**CERTIFICATION OF MEDICAL AND INDEMNITY AGREEMENT  
2016-17**

The undersigned, as parent(s) or guardian(s) of \_\_\_\_\_ (Student Name) \_\_\_\_\_ (Grade)  
\_\_\_\_\_  
(Student Name) \_\_\_\_\_ (Grade)  
\_\_\_\_\_  
(Student Name) \_\_\_\_\_ (Grade)

do certify to Cathedral School and the Catholic Diocese of Springfield in Illinois the following:  
(Please complete the section that applies, and you must choose one)

SECTION I

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

\_\_\_\_\_  
(Name of Insurer or Plan)

\_\_\_\_\_  
(Policy or Group Number)

SECTION II

\_\_\_\_\_ I/We agree to obtain Student Accident Insurance which is offered through the school.  
I/We further understand that Cathedral 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 Cathedral School sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify Cathedral 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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian)