

Dear Parents,

The Diocesan Office requests that we have an insurance form filled out for each school year from each family. We have past forms signed, but they are for the current school year at that time. Please fill this insurance form out complete with Insurance Company name and Policy number. We will be asking for this each year. Please also verify the Company and policy number listed on your child's Student Profile before you sign and return.

If you do not have medical insurance the Diocesan Office requires that you purchase school insurance. (Form attached)

Thank you.

Our Saviour School
455 E. State Address
Jacksonville, IL City

School Year 2011 - 2012

CERTIFICATION OF MEDICAL AND INDEMNITY AGREEMENT

The undersigned, as parent(s) or guardian(s) of _____
(Student Name) (Please list each student)
do certify to Our Saviour School and the Catholic Diocese of
Springfield in Illinois the following:

(Please complete the section that applies)

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 _____ 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 _____ School or participating in any _____ School sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify _____ 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)

(Parent/Guardian)