

SAINT THOMAS THE APOSTLE SCHOOL

306 W. Jourdan Street
P.O. Box 26
Newton, Illinois 62448
Phone (618) 783-3517
Fax (618) 783-2224

CERTIFICATION OF MEDICAL AND INDEMNITY AGREEMENT, SCHOOL YEAR _____

Diocesan policy requires that all students have accident insurance. Parents must either purchase student accident insurance offered through the school or provide information on other insurance covering the student.

The undersigned, as parent(s) or legal guardian(s) of _____
(Names of Children)
_____ do certify to St. Thomas School and the Catholic Diocese of Springfield
in Illinois the following:

(Please complete the section that applies)

Section I

_____ The children listed above are 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 St. Thomas School does not provide any medical insurance coverage for the children, and that I/We assume all responsibility for payment of any medical expenses (including, but not limited to, doctor's fees, hospital charges, or any other medical or related charges) incurred by the children due to any injury or illness that occurs while the children are in attendance at the School, or participating in any School-sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify St. Thomas 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 contained herein, and agree to abide by its terms.

Date

Parent/Guardian Signature

Parent/Guardian Signature