

CHRIST THE KING SCHOOL

. 1920 Barberry Drive

Springfield, IL 62704

School Year 2018 - 2019

CERTIFICATION OF MEDICAL AND INDEMNITY AGREEMENT

The undersigned, as parent(s) or guardian (s) of _____ do
certify to CHRIST THE KING SCHOOL and the Catholic Diocese of Springfield in Illinois the following:

Print Family Name

(Please complete the section that applies)

Section I

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

(Name of Insurer or Plan)

(Policy or Group Number)

(Insurance Policy Company)

(Contact Person & Phone)

Section II

____ I/We agree to obtain Student Accident Insurance which is offered through the school

I/We further understand that **CHRIST THE KING SCHOOL** does not provide any medical insurance coverage for the Child/Children 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/Children due to any injury or illness that occurs while the Child/Children is in attendance at **CHRIST THE KING SCHOOL** or participating in any **CHRIST THE SCHOOL KING** sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify **CHRIST THE KING 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)