

Our Lady of the Assumption Preschool **Medical Authorization and Liability Release Agreement**

Child's Name		Date of Birth
Child's Name		Date of Birth
Child's Name		Date of Birth
In the event of an emergency or illness, Our L contact me. In the event of a severe medical emedical attention and care for the child by contransported to Children's Healthcare of Atlant informed of changes in telephone numbers, et The facility agrees to keep me informed of any	mergency, the schotacting EMS. I give a Hospital. I (we) c. where I (we) car	ool is authorized to secure such ve permission for my child to be agree to keep the facility n be reached.
involving my child.	-	
My child's primary source of health care:		
Physician		Phone Number
Known allergies or other physical, intellect limit my child's participation in the Presch		
Neither I, my spouse, nor my child will hold (Staff, Enrichment Instructors, Parish Staff or Atlanta liable for any accident or injury occur while enrolled in the Preschool. Furthermore, responsibility of the OLA Preschool, the Chur	Volunteers under tring to my child was I understand that	the direction of Archdiocese of while participating in any activity insurance on my child is not the
Signature of Parent/Guardian	Date	Phone Number