



Our Lady of the Assumption ECP Program
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 Lady of the Assumption Parish Extended Care Program will attempt to contact me, but in the event they are unable to reach me, they are authorized to secure such medical attention and care for the child by contacting EMS. I give permission for my child to be transported to Children's Healthcare of Atlanta Hospital. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

My Child's primary source of health care is:

_____	_____
Physician	phone number

Known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit my child's participation in the Preschool programs and activities _____

Neither I, my spouse, nor my child will hold Our Lady of the Assumption Church Extended Care Program, Staff, Enrichment Instructors, Parish Staff or Volunteers under the direction of Archdiocese of Atlanta liable for any accident or injury occurring to my child while participating, in any activity while enrolled in the ECP Program. Furthermore, I understand that insurance on my child is not the responsibility of the OLA Extended Care Program, the Church or the Archdiocese of Atlanta.

_____	_____	_____
Signature of Parent/Guardian	Date	Telephone number