

Our Lady of Fatima Academy

10360 Atlanta Ave.

Weeki Wachee, FL 34614

PARENTAL RELEASE

I, _____, release the faculty and staff of Our Lady of Fatima Academy of any liability as to the physical welfare of my child(ren), (named _____ below):

should there occur any unforeseen accident or emergency while my child(ren) is/are in attendance at Our Lady of Fatima Academy or on its property. I, therefore, authorize the faculty and staff of Our Lady of Fatima Academy to provide whatever care and/or medical treatment is necessary for the well-being of my child(ren) in case of an emergency.

Signed:

Father: _____ Date: _____

Mother: _____ Date: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Number: _____

Preferred Hospital or Treatment Center: _____