



Emergency Medical Authorization

The following records shall be maintained on file for each child enrolled in St. Mary Magdalene Catholic Preschool. Authorization must be obtained in order to provide emergency medical care for a child when the parent is not available.

Should _____ (child's name) suffer any injury or illness while in the care of St. Mary Magdalene Catholic Preschool and the parish is unable to contact me immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I (we) agree to keep the parish program informed of changes in telephone and cell numbers where I can be reached.

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

Child's primary source of health care is:

_____ Phone _____
Doctor's Name or Medical Group

Known medical conditions (i.e. Diabetic, asthmatic, drug allergies):

Signature of Parent or Legal Guardian _____

Date _____ Phone _____ Cell _____

Emergency Contacts

Please list two relatives or neighbors who will assume temporary care of your child in the event you cannot be reached.

Name	Phone Number	Relationship to child
------	--------------	-----------------------

Name	Phone Number	Relationship to child
------	--------------	-----------------------

Consent and Liability Waiver

I agree on behalf of myself, my child(ren)'s other parent or guardian, if known or living, my child _____, or our heirs, successors and assigns, to hold harmless and defend the Archdiocese of Atlanta, its pastor or any employee, volunteer or representative of St. Mary Magdalene Catholic Preschool and Church from any and all claims, injuries, damages or losses arising out of my child's acts or participation in St. Mary Magdalene's Preschool program, except for injuries or damages caused by the sole negligence of St. Mary Magdalene Preschool and Church personnel or representatives.

Signature of Parent/Guardian _____

Date _____