O · L · F · A
OUR LADY OF FATIMA ACADEMY
Where ordinary becomes extraordinary!
(352) 556-2869
10360 Atlanta Avenue
Weeki Wachee, FL 34614

Parental Release Form

I, _____, release the faculty and staff of OLFA, 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 (Guardian): _____ Date: _____

Mother (Guardian): _____ Date: _____

Insurance Information:
Name of Insurance Company:
_____

Name of Insured:
_____

Policy Number:
_____

Preferred Hospital or Treatment Center:
_____

OurLadyofFatimaAcademy1013@gmail.com