

St. Mary Magdalene Catholic Preschool

2252 Woodruff Road ♦ Simpsonville, SC
(864) 288-4884 x213 ♦ katiej@smmcc.org

Release of Liability

I/We the parents/guardians of _____

attest that he/she is covered by _____

insurance policy. I/We also hereby release St. Mary Magdalene Catholic Church, the Preschool, the director, the teachers and all volunteer staff from any liability, claims and demands in the case of an accident that might occur to my/our son/daughter while participating in any Preschool activities.

Signature: _____ Date: _____

Treatment Consent

I/We understand that in the event of an accident that would require emergency treatment, every effort will be made to reach me/us. If I/we cannot be reached, I/we give permission to the director or his/her assigns to secure medical attention for my/our son/daughter.

Signature: _____ Date: _____

Doctor's Name: _____

Doctor's Phone #: _____