

**ARCHDIOCESE OF BOSTON**  
**Saint Mary Parish, Wrentham**  
**Senior Youth Group Activities for 2006-2007**  
**PARENTAL PERMISSION FORM**

Name of Participant \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parish \_\_\_\_\_

**INSURANCE INFORMATION**

Family Healthy Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

**PARENTAL RELEASE**

In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported to and from this activity. I give permission for the release of medical records to an attending physician in case of injury or illness.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter, as named herein.

I hereby agree that the Archdiocese of Boston, the Office for Youth Ministry, the Parish, or the Chaperones assume no liability for claims, which may arise out of this activity.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In Emergency Call \_\_\_\_\_ Phone No. \_\_\_\_\_