

ARCHDIOCESE OF BOSTON
Saint Mary Parish, Wrentham
Senior Youth Group Activities for 2007-2008
PARENTAL PERMISSION FORM

Name of Participant _____ Male _____ Female _____

Address _____

Date of Birth _____

Parish _____

INSURANCE INFORMATION

Family Health 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. _____

Please check one below:

I give my permission for my child's picture to be posted on the Saint Mary Parish website. yes no