

Saint Mary Parish
Office of Religious Education
31 Shirley Street, Ayer, Massachusetts 01432
Phone: (978) 772-7474

Parent/Guardian Permission Form

Activity: _____

Date of Event/Service _____

PARENTAL RELEASE

In signing this form, I hereby certify that the following information is correct and give permission for my child to participate in, and be transported to and from the above mentioned activity and for 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 that 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 no liability is assumed by the Archdiocese of Boston, the parish, or the Religious Education staff for injuries which may occur during travel to and from the this activity.

Name of Participant: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____ E-mail: _____

Parish: _____

INSURANCE INFORMATION:

Family Health Insurance Company: _____ Policy Number: _____

Family Physician or Clinic: _____ Phone Number: _____

Allergies/Special Needs:

Signature of Parent or Guardian: _____ **Date:** _____

Home Phone: _____ Alternate Phone: _____

In Emergency Call: _____ Phone/Cell Phone: _____