

immaculateconceptionyouthministry

10 Fellsway East -- Malden, MA 02148 -- 781-324-4941

Parental Permission Form

Event _____

Date(s) _____

Name of Participant _____ Male _____ Female _____

Address _____

Town _____ State _____ Zip _____

Date of Birth _____

Insurance Information

Family Health Insurance Co. _____ Policy # _____

Family Physician _____ Phone # _____

Medication(s) _____ Allergies _____

Any other information we may need to know:

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 the 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 no liability is assumed by the Archdiocese of Boston or Immaculate Conception Parish for the claims which may arise out of this activity.

Signature of Parent or Guardian _____

Date _____ Home Phone _____ Work Phone _____

In emergency call _____ Phone _____