

ARCHDIOCESE OF BOSTON

Activity _____

PARENT/GUARDIAN RELEASE AND CONSENT FORM

Name of Participant _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Parish _____

Name Parent/Guardian _____

Home Phone _____ Work/ Cell _____

In an Emergency Call _____ Phone _____

INSURANCE INFORMATION

Family Health Insurance Co. _____ Policy # _____

Family Physician or Clinic _____ Phone _____

Does your child have allergies? yes ___ no ___ If yes please name _____

Does your child carry an EPI pen? _____

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 release Saint Francis Parish, the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, and employees and all priest incardinated to the Roman Catholic Archdiocese of Boston, from and all liabilities for personal property incident to this event and any aforementioned medical care and treatment which is provided.

I have read the foregoing and understand the same.

Date _____

Signature of Parent(s) or Guardian