

Good Shepherd Parish

99 Main Street, Wayland, MA 01778
(508) 650-3545(fax) 508-655-6948

PARENTAL PERMISSION FORM

Name of Event _____

Date of Event _____

Name of Participant _____ Date of Birth _____ Gender _____

Address _____ Participant's Cell _____

Town/State _____ Zip _____ Home Phone _____

Family Email _____

Name of Parent/Guardian 1 _____ Cell _____

Name of Parent/Guardian 2 _____ Cell _____

Additional Emergency Contact _____ Phone _____

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Family Health Insurance Co. _____ Policy # _____

Subscriber on Policy _____

Family Physician _____ Phone _____

Medication(s) _____ Additional information _____

_____ _____
Allergies _____

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 Good Shepherd Parish for the claims which may arise out of this activity.

I give permission for photos of my child taken on this trip to be used on parish websites and/or parish promotional materials.

I do NOT give permission for photos of my child taken on this trip to be used on parish websites and/or parish promotional materials.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (printed) _____