

Faith Formation/ Youth Ministry
Saint Julia Parish
374 Boston Post Road
Weston, MA 02493-1581

PERMISSION FORM

Event: Adventure Week 2019

Date: _____

Transportation: van/carpool

Student Name: _____

Parental Release:

I/we the parents/guardians of the above named student grant permission for him/her to go with St. Julia

Parish to: (check all that apply) Kayaking Bowling

Canobie Lake Park Boxing-Peter Welch's Gym Escape Room

In consideration for making arrangements for this event, we hereby release and save harmless St. Julia Parish and its staff, the Archdiocese of Boston, and any parties connected with this event from any and all liability for any and all injuries that arise from this event.

Should it be necessary to contact a parent/guardian during this event, someone can be reached

at: _____ (name) _____

Additional contact/phone number: _____ (name) _____

Signature of Parent (s) Guardian

_____ Date _____

Medical Information and Release:

My child is allergic to the following medications and/or foods:

My child takes the following medications- (include dosage and frequency):

My child does/has experienced asthma Fainting Convulsions Other
(please explain) _____

In signing this form, I hereby certify that the above information is correct. 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.

Signature of Parent(s)/Guardian _____ **Date** _____