

Office for Youth Ministry  
Saint Julia Parish  
374 Boston Post Road  
Weston, MA 02493-1581  
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## PERMISSION FORM

**Event:**  
**Place:**  
**Time:**

**Date:**  
**Cost:**

Student Name: \_\_\_\_\_

### Parental Release:

I/we the parents/guardians of the above named student request St. Julia Parish to take him/her on this event. We hereby grant permission for him/her to go with St. Julia Parish. 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: \_\_\_\_\_ Additional emergency contact and phone number: \_\_\_\_\_

**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) \_\_\_\_\_

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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** \_\_\_\_\_