

**ARCHDIOCESE OF BOSTON**  
**St. Edward Parish Youth Ministry**  
**Fall Lock In: November 23-24**  
**Parental Permission Form**

Name of Participant \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**INSURANCE INFORMATION**

Family Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician or Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

**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, the parish, or the Youth Ministry team of parish staff and volunteers for claims which may arise from this activity.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parental E-Mail Address \_\_\_\_\_

How can we reach you? Please list the phone numbers we should try (in order)  
And at least one emergency contact beside yourself:

Your name (print) \_\_\_\_\_

List of phone numbers you can be reached at: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please provide any medical information that is relevant to this retreat (ie. food allergies, medications, medical conditions etc.)

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