

ARCHDIOCESE OF BOSTON
Confirmation Retreat
Craigville Conference Center, Craigville, MA
March 13-14, 2010
Parental Permission Form

Name of Participant _____ Male _____ Female _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Parish _____

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 Office for Youth Ministry, or the parish for claims which may arise out of this activity.

Signature of Parent of Guardian _____ Date _____

Home Phone _____ Cell Phone (s) _____

In Emergency (Non Parent) _____

