

St. Athanasius Confirmation

9th Grade Hiking Trip

Parent/Guardian Permission Form

Name of Youth: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

Phone Numbers:

Home _____ Work _____ Other _____

Emergency Contact if you can not be contacted:

Contact Name: _____ Phone Number: _____

Insurance Information

Family Health Insurance Co.: _____ Policy # _____

Family Physician or Clinic: _____ Phone # _____

Allergies or medical condition: _____

Parental Release

I, _____, give permission for my son/daughter, to participate in St. Athanasius Confirmation hiking trip. I give permission for my son/daughter to be transported from St. Athanasius Parish in Reading to Ward Reservation in Andover on Saturday, October 2nd. We will be departing Reading at 2pm and returning around 530pm. In the case of medical emergency, I understand that every effort will be made to contact the parents(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 give permission for the release of medical records to an attending physician in case of injury or illness.

I hereby agree that no liability is assumed by the Archdiocese of Boston, St. Athanasius Parish or the volunteers for claims, which may arise from this activity.

Parent/ Guardian Signature: _____ Date: _____