

**St. Timothy Youth Faith Formation
Parental Permission Form**

YFM Phone: 781.762-4868 x26

I, the undersigned, give permission for my son/daughter, _____
(Child's name)

to participate in all regular activities while attending _____.
(Activity)

I give my permission to the Director of Youth Faith Formation, Coordinator of Children's Faith Formation or an assigned adult supervisor to secure proper necessary medical treatment for my son/daughter by a licensed physician in the event of any minor or emergency medical treatment which may be necessary in the event of an accident or sudden illness.

PARENTAL RELEASE

In signing this form, I hereby certify that the information provided 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 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, St. Timothy Parish, the Director of Youth Faith Formation, the Coordinator of Children's Faith Formation, or any designated adult supervisor as an agent of the parish for claims which may arise out of this activity.

INSURANCE INFORMATION

Family Health Insurance Co: _____ Policy #: _____

Family Physician or Clinic: _____ Phone #: _____

Home Phone: _____ Cell/Work Phone: _____

Emergency Contact: _____ Phone #: _____

PHOTO RELEASE

I give my permission for my child's picture to be posted on the Saint Timothy website.

____yes ____no

Parent/Guardian Name: _____
(please print)

Signature of Parent/Guardian: _____ Date: _____

