Permission Form for Service Projects

Student Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Parent: I, _____, the undersigned, give my child permission to

participate in (name of project) _____ on (date) _____
Sponsored by the Parish of St. Mary, Chelmsford, Massachusetts. To be transported to and from the site by adults in privately owned vehicles.

In the event of a medical emergency, I give permission for my son/daughter to receive medical treatment for injury or illness, in accordance with standard medical practice by licensed medical personnel when it is not practical to obtain the consent of the undersigned. Permission is also granted to treat minor injury on a first aid basis. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.
I will not hold the sponsoring agency or its representatives liable in that my son/daughter sustains injury not resulting from the negligence of said sponsoring agency, its representatives, agents, and employees.
My son/daughter agrees to respect and abide by all of the guidelines for the event. I understand that the parish will not be held liable if my son/daughter fails to cooperate with said guidelines and that any infractions of these may result in immediate dismissal from the event. I will be responsible for any costs or other requirements for immediate transportation home.

Youth: As a member of my parish and archdiocese, I understand and agree to follow all of the guidelines for the event. I also understand and agree that I will notify my parent(s) or guardian at the time of any infraction requiring my dismissal from the event, and that I will be sent home at my own or my parent (s')/ guardian(s') expense.

MEDICAL INFORMATION (please print clearly)

My son/daughter is allergic to: _____

My son/daughter must take the following medication (indicate dosage, frequency):

_____

You should be aware of these medical conditions of my son/daughter: _____

Primary Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Name & Phone #: _____

Parent/Guardian Signature _____ Date _____

Youth Signature _____

Please bring this completed permission form with you the day of the service project