

St. Mary of the Sacred Heart LIFETEEN
392 Hanover Street
Hanover, MA 02341
781-826-4303 Parish Center Office

Universal Over Night Permission Form

Event Name	Date:		
Child's Last Name	First Name	Gender	D.O.B
E-mail Address	Class of:		
Street	T-shirt size		
City, State, Zip			
Parent / Guardian Name		Home Phone	
Parent Work Phone		Parent E-mail	

Medical Information (will be kept confidential)

Health Insurance Provider	Policy Number
Subscriber Name	
Medical Facility and/or Doctor's Name	
Medical Facility and/or Doctor's Phone Number	
Medical Alert (food allergy, medication, etc)	

IF PARENT CANNOT BE REACHED AT ABOVE NUMBERS – CALL:

Emergency Contact #1 name and phone number

Emergency Contact #2 name and phone number

Parent 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 to my child to stay over night for 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 the above named child. In event that I cannot be reached, I hereby give permission to the physician attending to my child to hospitalize, secure proper and necessary treatment for my child as named herein. I hereby agree that no liability is assumed by the Archdiocese of Boston; or St. Mary's Parish, Hanover, MA for claims, which may arise out of this activity.

Parent / Guardian Signature: _____ **Date:** _____