

St. Michael School
80 Maple Avenue – N. Andover, Mass.

Play Permission Form

Student's Name: _____ **Grade** _____ **Home Room** _____

Home Phone _____ **Cell Phone** _____

Parent(s) names: _____

*In the case of an emergency we will contact the above numbers first.
Please put someone other than you in the section below – a neighbor, grandparent, relative etc.*

Name: _____ **Phone:** _____

HEALTH INFORMATION

Health Insurance Co: _____ **Policy #:** _____

Physician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in this field trip, activity or event.

I, as the parent or guardian of the above name student, authorize the staff and personnel of Saint Michael School to treat my son or daughter in case of emergency. Further, I release the staff and personnel of Saint Michael School from any act or omission conducted in the course of rendering such care to my child. In the event of an emergency, children will be taken to the nearest hospital, unless otherwise notified.

I give St. Michael School permission to publish my name/photo in school newsletters, newspaper, web site and I understand that my child will be recorded. I also understand that attendance at practices is mandatory. All students not picked up after practice will be taken to Extended Day. Please be aware that you will be responsible for all fees incurred.

Signature of Parent/Guardian: _____

In the event that I am unable to pick-up my child after practices, I authorize the following people to transport my child:

Name Phone

Name Phone