

Medical Release and Liability Form for

Charles River Deanery



I am with you always...

Youth Collaborative

1773 Beacon Street
Brookline, MA 02445-4299

Child's Name _____

Name of Parent/Guardian _____

I/We give permission for my child to participate in the March 5th/6th overnight event of the Charles River Deanery Youth Collaborative. I understand that this will include public transportation to and from the event.

In the event of an emergency Gretchen Grimshaw, Katherine Balmforth, or Becky Taylor as representatives of the Charles River Deanery Youth Collaborative, Brookline, Massachusetts, have my permission to seek medical attention from a licensed physician for my child of minor age. I further give my permission for any necessary emergency medical treatment (such as X-rays) as determined by a licensed physician.

I release the Charles River Deanery Youth Collaborative, Brookline, Massachusetts, and adult chaperones of any liability while my child participates in this event.

I may be reached at _____ (telephone number)

I have read and understood the above statements.

Signature of Parent/Guardian: _____

Dated: _____