



St. Bernadette School
266 Main St., Northborough, MA 01532
508-351-9905
www.stb-school.org

St. Bernadette School Athletic Permission Slip and Medical Release Form

Student Name: _____ Grade: _____

Home Address: _____ DOB: _____

Email Address of Contact Person: _____

Parent Name: _____ Home # _____

Work #: _____ Cell # _____

Parent Name: _____ Home # _____

Work #: _____ Cell # _____

In Case of an Emergency Contact (when parents cannot be reached):

Parent Name: _____ Relationship _____

Home# _____ Work # _____ Cell # _____

Does your child require any medications to be with them during practices or events? No / Yes

If yes, please describe: _____

I as a parent / guardian give my child _____ permission to participate on the St. Bernadette's School Basketball Team from November 2021 through March 2022. I hereby release and hold harmless St. Bernadette's School and any and all of its employees and volunteers from any liability for any and all harm arising to my child as a result of any sporting event or practice. _____

Parent Signature

I hereby give permission to release to the school's Athletic Director, any medical records, medical forms, and medical release authorizations submitted to St. Bernadette's School Nurse. _____

Parent Signature

I hereby give my child permission to carpool with the following families:

_____ cell # _____

_____ cell# _____