



*St. Bernadette School*  
266 Main St., Northborough, MA 01532  
508-351-9905  
[www.stb-school.org](http://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 # \_\_\_\_\_

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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 2023 through March 2024. 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# \_\_\_\_\_