



St. John the Baptist/St. Thomas the Apostle Parish
Peabody, MA 01960

978-431-0002/978-531-0224 * FAX 978-531-6517

PERMISSION/MEDICAL RELEASE

Water Country, Wednesday, August 10, 2022

Every person who participates in the upcoming

*Water Country **must fill in and return this form to the parish office***

by Friday July 31st to reserve a seat on the bus.

Departure time from St. Thomas-9:30AM- Return to St. Thomas 6:00PM

Cost/person \$35.00 (this includes the ticket and bus)



Family Name: _____

Participant Name(s): _____

EMERGENCY PHONE: _____ Cell: _____ Work: _____

The above names person(s) is/are permitted to travel to and from St. Thomas the Apostle Parish, Peabody, MA to Water Country Portsmouth NH on Wednesday, August 10, 2022.

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St. John the Baptist Parish, St. Thomas the Apostle Parish, the Archdiocese of Boston, any volunteer, chaperone, or driver responsible. I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any duly licensed physician, dentist, or surgeon. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

All of the participants will be transported to and from Water Country in a bus. Upon arriving, all participants will be provided a park ticket and escorted as a group to the entrance of the park. **Once in the park, all participants will be on their own until departure time.** They will be encouraged to remain in small groups, but will not have supervision throughout the day. At departure time, all participants will be gathered together, escorted to the bus and transported back to St. Thomas.

Parent/Guardian Signature Date

Insurance Carrier: _____ Group #: _____

Has the participant(s) received a tetanus shot in the past 10 years: YES NO

Please list any known allergies, health problems, or current medications:

I/WE CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON(S) IS/ARE AUTHORIZED TO ACT ON MY/OUR BEHALF:

Name: _____ Phone: _____

Relationship to participant (s): _____

If a parent or guardian would like to chaperone, please fill in the below. **You will be contacted if you're selected to chaperone.**

Name: _____

Relation: _____

****Extra money** will be required should participants not bring food or drink with them.