

**SAINT PAUL DIOCESAN JR/SR HIGH SCHOOL**  
**144 GRANITE STREET, WORCESTER, MA 01604-4597**

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Office 508 753 6371

Athletics 508 754 1353

Fax 508 831 1287

**PARENTAL PERMISSION – MEDICAL RELEASE – STUDENT ATHLETE TRAVEL FORM**

Participant's Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Allergies, medication or previous injury of which any trainer or medical personnel should be aware:

\_\_\_\_\_

Was student ever diagnosed with a concussion? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of concussion: \_\_\_\_\_