

Diocese of Fort Worth and/or the Parish of _____
Consent to Participate and Consent for Emergency Medical Treatment

I, _____ grant permission for my child, _____
 Parent or guardian's name Participant's Name

to participate in the below described parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the above named parish.

A brief description of the activity follows:

Description of event: _____

Date of event: _____

Destination of event: _____

Individual(s) in charge: _____ | _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

☐ Transportation to/from event is the responsibility of the participant

During this event, I give permission for either of the adults named above in charge of the event to consent to emergency medical or surgical treatment for _____.

Name of minor

☐ There are no changes to insurance or medical information since I last filled out Form A for my child named above.

☐ The following changes to insurance and medical information since I last filled out Form A for my child named above are:

If Guardian of Conservator is signing this consent form, please state the name of parent, if known _____

Emergency Contact Name _____ Cell _____

Do you text? Yes No

Please Print Parent/Guardian/Conservator Name _____

Cell Phone _____ Do you text? Yes No

Home Phone _____

Parent/Guardian/Conservator Name _____ Date _____

By checking this box ☐ and typing your name above, you have agreed that this is your electronic signature.

If you do not wish to sign this document electronically, you must leave the check box and signature fields blank, Please print the document, sign, and mail to your parish.

This form "CONSENT TO PARTICIPATE and CONSENT FOR EMERGENCY MEDICAL TREATMENT" must be attached to the Parent/Guardian/Conservator Permission, Liability Waiver, and Medical Information (FORM A) for each event attended. Forms A and B must travel to and from each trip away from the church. Forms OA and OB are required for all Out of State events.