

Form B Consent to Participate and Consent for Emergency Medical Treatment
Diocese of Fort Worth and/or 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: Bishops Pro-Life Banquet

Date of event: Saturday, September 24

Destination of event: Hyatt Regency Hotel DFW Airport

Individual(s) in charge: Sue Laux

Estimated time of departure and return: 3:00-10:30pm

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:

Signature of Parent/Guardian/Conservator _____

Please Print Name _____ Date _____

Cell Phone _____ Do you text? _____ Home Phone _____

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

Emergency Contact Name _____ Cell _____ Do you text? _____

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.