

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: \_\_\_\_\_ and \_\_\_\_\_

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? \_\_\_\_\_

Please Print Parent/Guardian/Conservator Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you text? \_\_\_\_\_ Home Phone \_\_\_\_\_

→ **Signature of Parent/Guardian/Conservator:** \_\_\_\_\_ **Date** \_\_\_\_\_

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.