

Catholic Diocese of El Paso and/or the Parish of _____ Youth Ministry Program(s)
Consent To Participate/Consent for Emergency 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.

Please note the changes to insurance and medical information that has changed since I last filled out Form A for my child named above:

Signature of Parent/Guardian/Conservator _____

Please Print Name _____ Date _____

Cell Phone _____ Do you text? _____ Home Phone _____

If parent is not signing this consent form, please state the name of parent, if known _____

Emergency Contact Name _____ Cell _____ Do you text? _____

Notary is required for all out of state trips.

Signature of Parent/Guardian/Conservator: _____

Witnessed by me, _____ this _____ day of _____
(year)

Notary's Signature: _____ Notary's Seal:
(Required for all out of state activities)

This form "CONSENT TO PARTICIPATE/CONSENT FOR EMERGENCY TREATMENT" must be attached to the Parent/Guardian/Conservator Permission and Liability Waiver form for each event attended (Form A).