

Diocese of El Paso and/or the Parish of _____
Consent to Participate and Consent for Emergency Medical Treatment

I, _____ grant permission for my child, _____
Parent/ Guardian/Conservator'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: _____

Mode of transportation to and from event: _____

Transportation to/from event is the responsibility of the participant

Individual(s) in charge: _____ and _____

Estimated time of departure and return: _____

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 son/daughter named above.

The following changes to insurance and medical information since I last filled out Form A for my son/daughter (named above) are:

In an emergency the Parent/Guardian/Conservator will be contacted immediately. If we are unable to reach you, please provide an Emergency Contact Name: _____ Cell _____

Please print Parent/Guardian/Conservator Name _____

Cell Phone _____ Do you text? Yes No Home Phone _____

→ Signature of Parent/Guardian/Conservator _____ Date: _____

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

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 parish. Forms OA is required for all Out of State events.