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

I, Parent/ Guardian/Conservator's name	_grant permission for my child,
Parent/ Guardian/Conservator's name	Participant's Name
to participate in the below described parish event. and/or volunteers from the above named parish. A brief description of the activity follows:	This activity will take place under the guidance and direction of parish employees
Description of event:	
Destination of event:	
Mode of transportation to and from event:	:
□ Transportation to/from even Individual(s) in charge:	it is the responsibility of the participant an <u>d</u>
	u.i. <u>u</u>
	of the adults named above in charge of the event to consent to emergency.
There are no changes to insurance or medica	al information since I last filled out Form A for my son/daughter named above.
-	lical information since I last filled out Form A for my son/daughter (named
• •	rvator will be contacted immediately. If we are unable to reach you, please
provide an Emergency Contact Name:	Cell
Please print Parent/Guardian/Conservator Nam	1e
Cell Phone	Do you text? Yes □ No □ Home Phon <u>e</u>
ightarrow Signature of Parent/Guardian/Conservator	Date:
If Guardian or Conservator is signing this co	onsent form, please state the name of parent, if known.

This form "CONSENT TO PARTICIPATE and CONSENT FOR EMERGENCY MEDICAL TREATMENT" <u>must be attached to the Parent/</u> <u>Guardian/Conservator Permission, Liability Waiver, and Medical Information (FORM A) for each event attended.</u> <u>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.</u>