

**Form B** Consent to Participate and Consent for Emergency Medical Treatment  
**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: \_\_\_\_\_

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:**

**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?** \_\_\_\_\_

**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 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.**