

Catholic Diocese of Fort Worth 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 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 _____

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).