

Parent Consent Form  
For Parish and Diocesan Events

*Please print or type*

Event Name/Description: **Honduras Mission Trip**

Event Date: \_\_\_\_\_ Departure/Begin Time: **4:15 A.M.** Return/End Time: **11:40 P.M.**

Mode of Transportation: **Airplane and ground transportation**

Event Contact Person: **Rev. Wes Wubbenhorst** Phone: **(443) 257-5840**

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Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: \_\_\_\_\_ Location: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Group/Plan #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Health Concerns (medication, allergies, limitations): \_\_\_\_\_

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**Consent/Waiver/Release**

- I hereby give permission for this youth to attend and participate in activities of the above named event.
- I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care this minor has been entrusted while attending and participating in this event.
- I understand the general guidelines of behavior – that the participant must respect and obey the

instructions of the supervising adults and that NO alcohol, tobacco, illegal drugs or sexual misconduct will be tolerated at the event – and that the supervising adults have the right to reasonably enforce the established rules of conduct.

- I will assume all transportation costs for the youth if problems occur during this event and he/she must be sent home. I will take no civil or legal action against the supervising adult(s) for the normal care of the minor in their charge.
- I am aware that the Diocese of Maryland *Standards of Behavior for Child- & Youth-Related Programs* is available for me to review at **www.youth.ang-md.org**
- I understand that every effort will be made to contact me in the event of any accident or injury to my child. In the event I cannot be reached, I hereby authorize any supervising adult, in whose care this minor has been entrusted, to consent to whatever medical or surgical treatment may be necessary or advisable by the physician or nurse treating such injuries. I understand that I am responsible for the cost of all medical treatment that is administered to my child.

**Signatures**

Participant printed name: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

<b>MEDICATION CHART</b>						
<b>Medication</b>	<b>Dosage &amp; Times to be Given</b>					
	<b>Pre-brkfast</b>	<b>Brkfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Night</b>	<b>As Needed</b>