

Parent Consent Form
For Parish and Diocesan Events

Please print or type

Event Name/Description: _____

Event Date: _____ Departure/Begin Time: _____ Return/End Time: _____

Mode of Transportation: _____

Event Contact Person: _____ Phone: (____) ____ - _____

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): _____

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: ___ / ___ / ___

MEDICATION CHART						
Medication	Dosage & Times to be Given					
	Pre-brkfast	Brkfast	Lunch	Dinner	Night	As Needed