

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:

\_\_\_\_\_  
\_\_\_\_\_

If Guardian of Conservator is signing this consent form, please state the name of parent, if known \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell \_\_\_\_\_  
Do you text? Yes No

Please Print Parent/Guardian/Conservator Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you text? Yes No

Home Phone \_\_\_\_\_

Parent/Guardian/Conservator Name \_\_\_\_\_ Date \_\_\_\_\_

By checking this box  and typing your name above, you have agreed that this is your electronic signature.

If you do not wish to sign this document electronically, you must leave the check box and signature fields blank. Please print the document, sign, and mail to: The Catholic Center, Attn: Kevin Prevou, 800 West Loop 820 South, Fort Worth TX 76108

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. Forms OA and OB are required for all Out of State events.