Diocese of El Paso and/or the Parish of ____________________________
Consent to Participate and Consent for Emergency Medical Treatment

I, ____________________________ grant permission for my child, ____________________________
Parent/ Guardian/Conservator’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: _________________________________________________________

Mode of transportation to and from event: ____________________________

☐ Transportation to/from event is the responsibility of the participant

Individual(s) in charge: ____________________________ and ____________________________
Estimated time of departure and return: ____________________________

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 son/daughter named above.

☐ The following changes to insurance and medical information since I last filled out Form A for my son/daughter (named above) are:
___________________________________________________________________________________________________________

In an emergency the Parent/Guardian/Conservator will be contacted immediately. If we are unable to reach you, please provide an Emergency Contact Name: ____________________________ Cell ____________________________

Please print Parent/Guardian/Conservator Name _________________________________________________________________

Cell Phone ____________________________ Do you text? Yes ☐ No ☐ Home Phone ____________________________

Signature of Parent/Guardian/Conservator ____________________________ Date: ____________________________

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

___________________________________________________________________________________________________________

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 parish. Forms OA is required for all Out of State events.