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 the Guardian or Conservator is signing this consent form, please state the name of the 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.