

FORM B: EVENT SPECIFIC CONSENT AND RELEASE



**Diocese of Wilmington
Parish/Diocesan Institution Trip/Event
Consent and Release**

Sponsoring Parish _____

My child (*please print full name*) _____ has my permission to attend the _____ to be held at _____ on _____ from _____ to _____.

I understand that the participants will travel via _____ to the event venue. The Office for Catholic Youth Ministry and our Parish is not responsible for transportation attendees to or from the event.

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand that my child will be chaperoned by responsible adults and that he/she will be expected to abide by all rules stated in the Diocese of Wilmington Code of Conduct as well as any additional rules as stated by the Office for Catholic Youth Ministry.

By my signing this, I release CYM Staff, The Office for Catholic Youth Ministry, additional chaperons, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified adults to obtain proper medical treatment for my child should it become necessary.

_____	Insurance Carrier/Policy Number
_____	Insurance Company Address
_____	Insurance Company Phone
_____	Medication Taken Regularly
_____	Other Meds taken within last two weeks
_____	Food Allergies/Dietary Restrictions
_____	Other Allergies
_____	Emergency Contact Name
_____	Emergency Contact Number

If necessary for my child, the group leader is permitted to administer the following over the counter medications to my child (please be specific and use brand names as only these medications will be administered): _____

_____	Signature of Parent/Guardian
_____	Date