

FORM B: EVENT SPECIFIC CONSENT AND RELEASE WITH GUEST



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

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

I understand that the participants will travel via _____ to/from the event venue. The Office for Catholic Youth Ministry/parish is not responsible for transportation to or from the event (if applicable).

I hereby give my permission for _____ to attend said event and 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.

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.

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 aforementioned 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 number

_____ Medication taken on a regular basis

_____ Medication taken within last two weeks

_____ Emergency Contact Name/Phone 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 of Minor

_____ Date