

PARENT/GUARDIAN CONSENT FORM

Participant's Name: _____

Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

I, _____, grant permission for my child, _____,
Parent/Guardian Name Child's Name

to participate in this parish event that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish. A brief description of the activity follows:

Type of Activity: _____

Destination/Location: _____

Individual in Charge: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I hereby authorize _____ to take my child for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

Signature _____ Date: _____