

## FORM B: EVENT SPECIFIC CONSENT AND RELEASE



### 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 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