

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 Seton Youth Ministry Luncheon to be held at St. Elizabeth Ann Seton on October 14th from 1:45pm to October 15th 8:30am

I understand that the participants will travel via family vehicle to/from the event.

I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that this parish/school, CYM, the Diocese of Wilmington, and its staff are committed to providing fun, safe, educational experiences and that such events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. 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 the staff of St. Elizabeth Ann Seton Parish (list parish/school) CYM staff, 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 group leader and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Aseguradora
Insurance Carrier/Policy Number _____
dirección de la compañía de Seguros
Insurance company address _____
número de teléfono de la compañía de seguros
Insurance company phone number _____
Medicamentos recetados tomados con regularidad
Prescription meds taken regularly _____
Otros medicamentos tomados con regularidad
Other medication taken regularly _____
Alergias (Comida, medicamentos, látex)
Any food, medication, latex allergies? _____
Nombre de contacto de Emergencia / número
Emergency Contact Name/Number _____

Electronic/mobile communication affords the parish/school staff or group leaders the best means of providing reminders and updates to participants. Please provide an email address and/or cell phone number for such communication purposes. Unless provided on Form A (Annual Consent and Release), providing information here limits its use to this particular activity or event.

Correo electrónico E-mail address _____ Número de celular Cell Number _____

Si es necesario, al líder del grupo se le permite administrar los siguientes medicamentos (o los equivalentes genéricos)
If necessary, the group leader is permitted to administer the following medications (or generic equivalent) to my child: a mi hijo
 Advil Tylenol Motrin Aleve Halls (cough drops)
 Claritin/Zyrtec Benadryl Robitussin (cough syrup)
 Other (please specify) _____

Firma del padre/tutor
Signature of Parent/Guardian: _____
Relación con el Participante Relationship to Participant: _____ Date: _____