

**Catholic Diocese of Fort Worth and/or the Parish of St. Catherine of Siena Youth Ministry Program(s)
Consent To Participate/Consent for Emergency Treatment**

I, _____ grant permission for my child, _____
Parent or guardian's name Participant's Name

to participate in the below described parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the above named parish.

A brief description of the activity follows:

Description of event: Youth Night

Date of event: September 2011 – May 2012

Destination of event: St. Catherine of Siena Church

Individual(s) in charge: Debbie Buckley and Mike Waldon

Estimated time of departure and return: 6:45 to 8:45

Mode of transportation to and from event: *is the responsibility of the participant*

During this event, I give permission for either of the adults named above in charge of the event

to consent to emergency medical or surgical treatment for _____
Name of minor

There are no changes to insurance or medical information since I last filled out Form A for my child named above.

Please note the changes to insurance and medical information that has changed since I last filled out Form A for my child named above.

Signature of Parent/Guardian/Conservator _____

Please Print Name _____ Date _____

Cell Phone _____ Do you text? _____ Home Phone _____

If parent is not signing this consent form, please state the name of parent, if known _____

Emergency Contact Name _____ Cell _____ Do you text? _____