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.

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 CYM, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that CYM 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 CYM 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 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 event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Insurance Carrier/Policy Number _____

Insurance company address _____

Insurance company phone number _____

Prescription meds taken regularly* _____

Other medication taken regularly _____

Emergency Contact Name/Number _____

Electronic/mobile communication affords the CYM staff or event coordinators 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.

E-mail address _____ Cell Number _____

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

❑ Advil ❑ Tylenol ❑ Motrin ❑ Aleve ❑ Halls *(cough drops)*

❑ Claritin/Zyrtec ❑ Benadryl ❑ Robitussin *(cough syrup)*

❑ Other *(please specify)* _____

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____

**If Prescription Medication is indicated, Form C is required.*