FORM B: EVENT SPECIFIC CONSENT AND RELEASE

Diocese of Wilmington

Parish/Diocesan Institution Trip/Event Consent and Release

My child (please print full name)_				as 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 chaperoned by responsible cleared Wilmington, and its staff are commi events are conducted in smoke-, all ensure the safety of all concerned, tobacco products, engages in illeggiven by staff or volunteers while parmy child. As parent/guardian, I under taken during this event. I give permismaterials (newsletter, web page, co	dadults. I und tted to provide cohol-, and I understandal, immoral, rticipating interstand that ssion for my s	derstand that ding fun, safe drug-free env d that if my ch or offensive b a this activity, I promotional p on's/daughte	this parish/sch , educations vironments. Ir illd is in posse ehaviors, or a will be conto pictures (indi- er's picture to	ool, CYM, the Diocese of all experiences and that such a light of this, and to help ssion of drugs, alcohol, or refuses to follow the directions acted immediately to pick up vidual and group) will be to be used for promotional	
By my signing this, I release the staff of additional chaperons, and the Diocagainst them. I also give my permisobtain proper medical treatment for	ese of Wilmi	roup leader o	ny and all lial and other qu	alified cleared adults to	
Insurance Carrier/Policy Number				_	
Insurance company address					
Insurance company phone numb	er				
Prescription meds taken regularly					
Other medication taken regularly					
Any food, medication, latex allerg	jies?				
Emergency Contact Name/Numb	oer				
Electronic/mobile communication of providing reminders and updates to number for such communication purproviding information here limits its up	participants rposes. Unle	s. Please prov ss provided o	ide an email n Form A (An	address and/or cell phone	
E-mail address		C	Cell Number		
If necessary, the group leader is permitted. Advil Tylenol Claritin/Zyrtec Benadryl Other (please specify)	□ Motrin□ Robitussi	in (cough syru	Aleve	(or generic equivalent) to my child Halls (cough drops)	
Signature of Parent/Guardian:					
Pelationship to Participant			Da	ıte:	