

Modify this form to meet the needs of your parish - most congregations will simplify this form considerably.

Screening in Faith

PARENT/GUARDIAN CONSENT FORM - INFORMATION SHEET

When we plan an event for your child/teen, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is to ensure that you know what your [son/ daughter/ ward] is doing, and if in the unlikely event we need to contact you in an emergency, we have that information at our finger tips.

Event Information:

The Event/Activity is:

to be held:

from: _____ to: _____
date time date time

at this location:

Cost:

Leader's name:

Transportation arrangements

Time and place of departure

Return:

Participant Information:

Name: _____ Male Female
(print name of participant attending event.)

Age: _____ Address: _____

Please list any medications, health concerns or allergies relevant to this event: _____

This section applies for underage participants who are less than sixteen (16) years of age.

In return for permission to attend the above Event, the undersigned acknowledges and warrants that:

- a) My son/daughter/ward requires no special arrangements to safely participate in the Event under normal adult supervision.
 Yes No If you answered No, specify the special arrangements required:

- b) If your son/daughter/ward requires medical treatment, your signature (below) on this Consent Form gives the event leaders authority to

take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

Signature of Parent/ Guardian

Date

The emergency contact information for your child/youth is...

Name: (print) _____ **Relationship to participant:** _____

Address: _____

Phone: Day: _____ Night: _____ Cell: _____

If, in an emergency, you cannot be reached, the following person is hereby authorized to act your behalf and **has been notified that he/she has been granted this authority and may be contacted by [parish/organization].**

Name: (print) _____ **Relationship to participant:** _____

Address: _____

Phone: Day: _____ Night: _____ Cell: _____

Return this signed form to: _____ **By (date)** _____

(event registration information)