

## Parental/Legal Guardian Consent Form

Dear Parent or Legal Guardian:

Your son/daughter or ward is eligible to participate in a parish/\_\_\_\_\_ sponsored activity that requires transportation to an off-site location. The activity will take place under the supervision and guidance of adult chaperones. Please complete the contact and activity information below.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

Destination: \_\_\_\_\_

Choose one:

Drop off at parish/ \_\_\_\_\_  
 Meet at destination

Designated Chaperone: \_\_\_\_\_

I hereby consent to the participation of my child in the event described above. I understand the event will take place away from parish grounds and that my child will be under the direct supervision of a chaperone(s) on the date(s) indicated.

In the event of an emergency, I also consent to medical treatment at an outpatient or inpatient facility for my child depending on the circumstances of the medical condition. The child will remain under the supervision of the chaperone throughout the process while every effort is made to contact the parent. Healthcare expenses incurred for any medically indicated treatment will be the responsibility of the parent/legal guardian.

Please sign and return the Parental/Legal Guardian Permission Consent Form below.

Parent/Legal Guardian Full Name (Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Healthcare Plan and Policy Number: \_\_\_\_\_

Emergency Cellphone: \_\_\_\_\_

I am available to chaperone for this event. (Yes / No)