Diocese of El Paso and/or the Parish of <u>St. Raphael</u> Consent to Participate and Consent for Emergency Medical Treatment

I,		grant permission for my child,	
	Parent/ Guardian/Conservator's name		Participant's Name
and/or	icipate in the below described parish even volunteers from the above named parish description of the activity follows:		he guidance and direction of parish employees
	Description of event: <u>Passion Pl</u>	ay 2023	
	Date of event: <u>March 8th - April 7th</u>	1	
	Destination of event: <u>St. Raphae</u>	el Parish	
	Mode of transportation to and from ev	ent:is the responsibility of the pare	nts or teens
		vent is the responsibility of the particip OrtizandNat	ant han Stell
	Estimated time of departure and retur	n: <u>6:30-8:30</u> pm	
			nor ut Form A for my son/daughter named above.
□Thei	re are no changes to insurance or me following changes to insurance and r	dical information since I last filled o	^{nor} ut Form A for my son/daughter named above. d out Form A for my son/daughter (named
□Thei □The above	re are no changes to insurance or me following changes to insurance and r) are: n emergency the Parent/Guardian/Cor	dical information since I last filled o nedical information since I last filled servator will be contacted immedia	ut Form A for my son/daughter named above.
□Theı □The above In aı prov	re are no changes to insurance or me following changes to insurance and n e) are: n emergency the Parent/Guardian/Cor vide an Emergency Contact Name:	dical information since I last filled o nedical information since I last filled servator will be contacted immedia	ut Form A for my son/daughter named above. d out Form A for my son/daughter (named tely. If we are unable to reach you, please
□Thei □The above In ai prov	re are no changes to insurance or me following changes to insurance and n e) are: n emergency the Parent/Guardian/Cor vide an Emergency Contact Name:	dical information since I last filled o nedical information since I last filled servator will be contacted immedia C	ut Form A for my son/daughter named above. d out Form A for my son/daughter (named tely. If we are unable to reach you, please ell
□The □The above In ar prov Please Cell P	re are no changes to insurance or me following changes to insurance and n are: n emergency the Parent/Guardian/Cor vide an Emergency Contact Name: e print Parent/Guardian/Conservator N	dical information since I last filled o nedical information since I last filled servator will be contacted immedia C lameDo you text? Yes □ No □	ut Form A for my son/daughter named above. d out Form A for my son/daughter (named tely. If we are unable to reach you, please ell Home Phone

This form "CONSENT TO PARTICIPATE and CONSENT FOR EMERGENCY MEDICAL TREATMENT" <u>must be attached to the Parent/</u> <u>Guardian/Conservator Permission, Liability Waiver, and Medical Information (FORM A) for each event attended.</u> Forms A and B must travel to and from each trip away from the parish. Forms OA is required for all Out of State events.