

# Parental Consent Form

*\*\*Both sides of this form (Medical Information & Parental Consent) must be filled out completely for your child to be registered for this event.*

I, \_\_\_\_\_ the parental guardian  
(guardian's name)

of \_\_\_\_\_ who lives at  
(child's name)

hereby authorize my child's participation in \_\_\_\_\_  
(event)

I hereby give permission to Risen Savior Catholic Church and \_\_\_\_\_ authorized representatives to chaperone my child and to give that/those person's power and authority to consent to any medical, hospital, or dental care for my minor child, which in the discretion of the chaperone is necessary as the result of any occurrence on the aforementioned trip or activity.

I hereby give permission for my child to ride in the vehicle designated by the chaperone while attending and participating in activities sponsored by Risen Savior. If it is necessary for my child to return home early, I agree to pay for all transportation costs. Similarly, if it is necessary for my child to have any medical or dental services, I agree to be liable and pay for all such costs incurred.

On behalf of my child and myself, I release and forever discharge the chaperones, the pastors, agents, employees and various members of their boards from any and all liabilities, claims and damages arising from injuries and illnesses my child might suffer while participating in the event sponsored by Risen Savior.

\_\_\_\_\_  
(Parental Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Child)

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
(Congregation)

\_\_\_\_\_  
(Grade)