

**DIOCESE OF LA CROSSE
SUPPLEMENTAL CHILD CONSENT AND RELEASE FORM
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: _____

Birth date: _____ Sex: _____

Parent/Guardian's Name: _____

I, _____, grant permission for my child, _____, to
Parent or Guardian's name Child's name
participate in this parish/youth ministry/school event that requires transportation to a location away
from the parish/school site. This activity will take place under the guidance and direction of parish
employees and/or volunteers from _____.
Name of Parish/School

A brief description of the-activity follows:

Date of Event: _____ Cost of Event: _____
Type of event: _____
Destination of event: _____
Individual in charge: _____
Estimated time of departure and return: _____
Mode of transportation to and from event: _____
Meal arrangements: _____

I acknowledge that I have previously completed the Comprehensive Child Consent and Release form,
providing medical information, permissions, authorizations and releases pertaining to my child. I have
listed below any additions and/or corrections to the information provided on that form:

Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions,
authorizations and releases as though stated herein.

Signature: _____ Date: _____