

FORM B: EVENT SPECIFIC CONSENT AND RELEASE
Diocese of Wilmington
Parish/Diocesan Institution Trip/Event Consent and Release



My child _____ has my permission to attend **Quo Vadis** to be held at **Malvern Retreat House** on **Thursday, July 26, 2018** at **5:00PM** to **Sunday, July 29, 2018** at **8:00am** after breakfast.

I understand that the participants are responsible to provide **their own transportation** to/from the event.

I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that the Office of Priestly and Religious Vocations, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that the Office of Priestly and Religious Vocations events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by the Office of Priestly and Religious Vocations staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

By my signing this, I release the Office of Priestly and Religious Vocations Staff, the Office of Priestly and Religious Vocations, additional chaperons, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Insurance Carrier/Policy Number _____

Insurance company address _____

Insurance company phone number _____

Prescription meds taken regularly* _____

Other medication taken regularly _____

Emergency Contact Name/Number _____

Electronic/mobile communication affords the Office of Priestly and Religious Vocations staff or event coordinators the best means of providing reminders and updates to participants. Please provide an email address and/or cell phone number for such communication purposes.

E-mail address _____ Cell Number _____

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops)
- Aspirin Claritin/Zyrtec Benadryl Robitussin (cough syrup)
- Other (please specify) _____

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____

**If Prescription Medication is indicated, Form C is required.*

Important! - This form must be submitted to the Vocations Office of the Diocese of Wilmington on or prior to the day of the event.