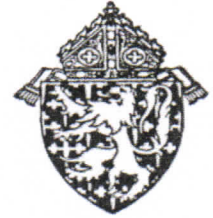


**FORM B: EVENT SPECIFIC CONSENT AND RELEASE**  
**Diocese of Wilmington**  
**Parish/Diocesan Institution Trip/Event Consent and Release**



My child (please print full name) \_\_\_\_\_ has my permission to attend \_\_\_\_\_ to be held at \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I understand that the participants will travel via \_\_\_\_\_ 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 CYM, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that CYM 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 CYM 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 CYM Staff, The Office for Catholic Youth Ministry, 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 CYM 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. Unless provided on Form A (Annual Consent and Release), providing information here limits its use to this particular activity or event.

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)  
 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.