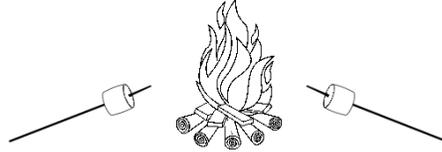


# SAINT MARY MAGDALEN YOUTH HAYRIDE AT BELLEVUE STATE PARK



Guidelines for Safe Environments Forms  
FORM B: EVENT SPECIFIC CONSENT AND RELEASE  
Diocese of Wilmington Parish/Diocesan Institution Trip Consent and Release

My child (*please print full name*) \_\_\_\_\_ has my permission to attend the Hayride and Bonfire event at Bellevue State Park on Saturday, October 22, 2016 from 6:45pm (meet at park) until 8:45pm. Transportation is not provided but carpooling is encouraged. The cost of this trip is \$10 per child. S'mores and snacks will be provided at the bonfire.

This form and the trip fee are due by Thursday, October 13 to either Parish office c/o Youth Ministry.

I understand that the participants will travel via parents' cars 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 SMM, 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 parish 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 SMM Staff, The Office for Catholic Youth Ministry, additional chaperones, 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 \_\_\_\_\_

We have this information for you on our annual form A, but please provide your cell number if you are not joining us on the trip! 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:** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent E-mail for pre-trip information:** \_\_\_\_\_

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

***We need cleared adults to chaperone this trip:***

***\_\_\_ Yes, I am able to chaperone if needed! E-mail*** \_\_\_\_\_