

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

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to  
Parent or Guardian's Name Child's Name  
participate in this parish/religious education event. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Bronislava religious education. A brief description of the activity follows:

**Date of Event: November 18, 2105**  
**Cost of Event\*: 0**  
**Destination of Event: Whispering Pines**  
**Purpose of Event: Service Project**  
**Individual in Charge: David Masak**  
**Parents drop off child to site for 5:45 pm - Parent pick-up at site -7:00pm**  
**Mode of Transportation: Parents Meal arrangements: N/A**  
**Special Instructions: Bring your Christmas cheer!**

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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please keep this bottom portion for your records**

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