



# Montana Catholic Schools

The Diocese of Great Falls-Billings

[www.diocesegfb.org](http://www.diocesegfb.org)

2800 18th Avenue S Great Falls, MT 59405

## PARENTAL/GUARDIAN CONSENT FORM

Student/Participant:	
Birth Date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian's Name:	
Home Address:	City/Zip:
Emergency Phone(s):	Business Phone:
I, _____ (parent/guardian name), grant permission for my child, _____, to participate in this school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from the Diocese.	
School:	Date:
Type of event:	Destination of event:
Individual in charge:	
Estimated time of departure:	Estimated time of return:
Mode of transportation to and from event:	
As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese, its officers, directors and agents and the Diocese, chaperones or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith and I agree to compensate the Diocese, its officers, directors and agents and the Diocese, chaperones or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.	
Signature:	Date: