

**Diocese of La Crosse**  
Supplemental Child Consent and Release Form  
Parental/Guardian Consent Form and Liability Waiver

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

Birth Date \_\_\_\_\_ Sex: \_\_\_\_\_

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

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
(Parent or Guardian's Name)

to participate in this diocesan/parish an event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from St. Francis Parish

A brief description of the activity follows:

Date of Event: August 1 & 2

Type of activity: St. Francis Youth Day

Individual in Charge: Cheryl Kaufer

Mode of transportation to and from activity: Youth will walk to the Atrium Care Center

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 and/or corrections to the information provided on that form.

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Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_