THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS Permission and Medical Release Form

Each participant (including leaders) completes this form separately for each event or activity involving an overnight stay, travel outside the local area, or higher than ordinary risks (see *General Handbook: Serving in The Church of Jesus Christ of Latter-day Saints,* 20.5.5, 20.7.4, 20.7.7). The event or activity leader should have access to all participants' forms during the activity.

Event Details (to be filled out by event planner)					
Event		Date(s) of event			
Describe event and activities (please be specific)					
Ward	Stake				
Event or activity leader Event or activ		ity leader's phone number		Event or activity leader's email	
Contact Information					
Participant		Date of birth			Age
Telephone number					
Address			City S		State or province
Emergency contact (parent or guardian)	Primary telephon	e number		Secondary telephone number	
Medical Information					
Does the participant require a special diet? □ Yes □ No	If yes, please	explain the die	tary restrictions.		
Does the participant have any allergies? □ Yes □ No	If yes, please l	list the allergie	5.		
List all prescription or over-the-counter (OTC) medic	ations the particip	ant is taking. l	eave blank if none.		
Can the participant self-administer his or her medica		tly.			
Conditions That Limit Activity					
Does the participant have a chronic or recurring illne □ Yes □ No	If yes, please explain.				
Has the participant had surgery or a serious illness i □ Yes □ No	If yes, please explain.				
Identify any other limits, restrictions, or disabilities the	nat could prevent t	he participant	t from fully participating in	the event or act	tivity.

Other Accommodations or Special Needs

Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

Permission

I give permission for my child or youth to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event.

Please note: Units may not have the ability to meet all medical, physical, and other accommodations and are asked to counsel with parents or guardians on what is possible.

The participant is responsible for his or her own conduct and is aware of and

agrees to abide by Church standards, camp or event safety rules, and other pertinent instructions. The participant's conduct and interactions should abide by Church standards and exemplify Christlike behavior.

Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if participants behave inappropriately or if they pose a risk to themselves or others.

This information is collected to help event and activity leaders or medical personnel so they can be prepared and appropriately respond to health concerns or an emergency. It will be kept confidential and shared only as needed.

Date

Date

Partici	pant's	signature

Parent or guardian's signature (if participant is a minor)