

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)

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|--|---|----------------------------------|
| Event | | Date(s) of event |
| Describe event and activities (please be specific) | | |
| Ward | Stake | |
| Event or activity leader | Event or activity leader's phone number | Event or activity leader's email |

Contact Information

| | | |
|--|--------------------------|----------------------------|
| Participant | Date of birth | Age |
| Telephone number | | |
| Address | City | State or province |
| Emergency contact (parent or guardian) | Primary telephone number | Secondary telephone number |

Medical Information

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|---|--|
| Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain the dietary restrictions. |
| Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list the allergies. |
| List all prescription or over-the-counter (OTC) medications the participant is taking. Leave blank if none. | |
| Can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly. | |

Conditions That Limit Activity

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| Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain. |
| Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain. |
| Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity. | |

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, including those listed on the attached "Conduct at Church Activities."

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.

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