

Permission and Medical Release Form

Complete this form separately for each event or activity involving special considerations (see *Handbook 2: Administering the Church* [2010], 13.6.20), an overnight stay, or travel outside the local area.

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 activity leader's phone number Event or activity leader's email										
Participant Information			Data of hirth			IA a a							
Participant			Date of birth Age										
Primary telephone number Home Cell Work Address			Secondary telephone number										
			Home										
			City State/province										
Emergency contact (parent or guardian)	Primary telephone number		☐ Home		ohone number Home								
			☐ Cell ☐ Work			☐ Ce ll ☐ Work							
Medical Information													
Does the participant require a special diet? ☐ Yes ☐ No If yes, pleas			se explain the dietary restrictions.										
			se list the allergies.										
Yes No													
Is the participant taking any medication or over-the-counter (OTC) drugs? If yes, can the Yes No			No If no, please contact the event or activity leader directly.										
List all prescription or over-the-counter (OTC) medic	TWO IT TIO, picase contact	——————————————————————————————————————											
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Physical Conditions That Limit Activity													
Does the participant have a chronic or recurring illness? If yes, please explain.													
☐ Yes ☐ No													
Has the participant had surgery or a serious illness i	n the past year? If yes,	please exp	olain.										
☐ Yes ☐ No			7 H 2 2 2 2 3 1		/ L L								
Identify any other limits, restrictions, or disabilities th	at could prevent the pa	irticipant fro	om fully participating in the	event or activity	(attach addit	ional pages if needed)							
Other Accommodations or Special Needs													
Identify any other needs or considerations the partic	ipant has that the even	t or activity	planner should be aware o	f (attach addition	nal pages if r	needed).							
Permission													
I give permission for my child/youth to participate in the event event safety rules and other pertinent instructions. Participant													
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			conduct and interactions should abide by Church standards and exemplify Christlike behavior. Parents and participants should understand that participation in										
							authorization shall cover this event and travel to and from this			an activity is not a right but a privilege that can be revoked if they			
							event.			behave inappropriately or if they pose a risk to themselves or others.			
The participant is responsible for his or haware of and agrees to abide by Church			•										
Participant's signature					Date								
A service of Greaters													
Parent or guardian's signature (if necessary)					Date								