

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 Mineral Wells Campout		Date(s) of event Sun Nov 1, 2020 2pm - Tues Nov 3, 2020 approx 2pm return
Describe event and activities (please be specific). Camping, camp fire cookout, hiking, a craft or two, and just enjoying the outdoors. Mineral Wells State Park, 100 Park Road 71 Mineral Wells, TX 76067 Latitude: 32.812655 Longitude: -98.043368 Campsite # 085. Main gate phone (940) 328-1171.		
Ward Patricia (Trish) Chell		Stake 817-919-9514 (Cell), pnjchell@gmail.com
Event or activity leader Tammi Bair	Event or activity leader's phone number 817-948-2732 (cell)	Event or activity leader's email
Participant Information		
Participant	Date of birth	Age
Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Address	City	State/province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Medical Information		
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.	
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 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.	
List all prescription or over-the-counter (OTC) medications the participant is taking		
Physical Conditions That Limit Activity		
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 (attach additional pages if needed)		
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/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.		event safety rules and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior.
The participant is responsible for his or her own conduct and is aware of and agrees to abide by Church standards, camp, or		Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if they behave inappropriately or if they pose a risk to themselves or others.
Participant's signature		Date
Parent or guardian's signature (if necessary)		Date