

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).						
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Ward			Stake			
Participant Information						T
Participant			Date of birth Age			
Primary telephone number			Secondary telephone number			
						☐ Cell ☐ Work
			City			province
			<u> </u>			
Emergency contact (parent or guardian)	Primary telephone number		☐ Home Secondary telep☐ Cell ☐ Work		hone number Home Cell Work	
Medical Information		16		-*:		
Does the participant require a special diet? ☐ Yes ☐ No	e explain the dietary restrictions.					
			se list the allergies.			
□ Yes □ No						
Is the participant taking any medication or over-the-c	counter (OTC) drugs?	If yes, can t	he participant self-adminis	ter his or her me	dication?	
			No If no, please contact the event or activity leader directly.			
List all prescription or over-the-counter (OTC) medicates	ations the participant is	s taking				
Physical Conditions That Limit Activity						
Does the participant have a chronic or recurring illne	ss? If yes	, please exp	olain.			
☐ Yes ☐ No						
Has the participant had surgery or a serious illness in	n the past year? If yes	, please exp	olain.			
☐ Yes ☐ No						
Identify any other limits, restrictions, or disabilities the	at could prevent the pa	articipant fro	om fully participating in the	event or activity	(attach addition	al pages if needed)
Other Accommodations or Special Needs Identify any other needs or considerations the partic	inant has that the over	nt or activity	planner chould be aware o	of (attach addition	nal pages if noo	dod)
identity any other needs or considerations the partic	ipant nas that the ever	it of activity	platifier stilould be aware c	n (attach addition	nai pages ii nee	dea).
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			event safety rules and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior.			
to act in my stead in approving necessary medical care. This			Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if they			
authorization shall cover this event and travel to and from this event.			behave inappropriately or if they pose a risk to themselves or			
		-: ام مد	others.			
The participant is responsible for his or h aware of and agrees to abide by Church						
Participant's signature			Date			
i anticipanto signature			Date			
Parent or guardian's signature (if necessary)					Date	
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