THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

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
Youth Tour de Temple Activity	November 17, 2018

Describe event and activities (please be specific).

Young Women and Young Men will participate in temple ordinances and then ride bikes from the Phoenix, Arizona Temple to the Gilbert, Arizona Temple (Discovery Park).

Ward	Stake
Gilbert 6th Ward	Gilbert Highland West Stake

Event or activity leader	Event or activity leader's phone number	Event or activity leader's email
Anthon McLaws	(480) 650-0973	anthon@therapyone.com

Participant Information

Participant	Date of birth	Age

Primary telephone number	Secondary telephone number
☐ Home ☐ Cell ☐ Work	☐ Home ☐ Cell ☐ Work

Address	City	State/province

Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number
	☐ Home ☐ Cell ☐ Work	☐ Home ☐ Cell ☐ Work

Medical Information

Does the participant require a special diet?	If yes, please explain the dietary restrictions.
☐ Yes ☐ No	
Does the participant have any allergies?	If yes, please list the allergies.
☐ Yes ☐ No	
Is the participant taking any medication or over-the-counter (OTC) drugs?	If yes, can the participant self-administer his or her medication?
☐ Yes ☐ No	☐ Yes ☐ 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?	If yes, please explain.
☐ Yes ☐ No	
Has the participant had surgery or a serious illness in the past year?	If yes, please explain.
☐ Yes ☐ No	

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.

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. Participants' 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 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

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