

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 | | | |
| | | | | | | |
| Participant | | | Date of birth Age | | | |
| | | | | | | |
| Primary telephone number | | | Secondary telephone number | | | |
| ☐ Cell ☐ Wo | | | City State/province | | | |
| Address | | | Oity State/province | | | |
| Emergency contact (parent or guardian) | umber | ☐ Home ☐ Cell ☐ Work | | phone number | | |
| | .,, | | | | | |
| Medical Information | | | L OCII L WOIK | | | L OCH L WORK |
| Does the participant require a special diet? | e explain the dietary restrictions. | | | | | |
| ☐ Yes ☐ No | | | | | | |
| | | | se list the allergies. | | | |
| ☐ Yes ☐ No | | | | | | |
| Is the participant taking any medication or over-the-counter (OTC) drugs? If yes, can the | | | | | | |
| ☐ Yes ☐ No ☐ ☐ Yes ☐ List all prescription or over-the-counter (OTC) medications the participant is taking | | | No If no, please contact the event or activity leader directly. | | | |
| List all prescription of over-the-counter (OTC) medic | ations the participant | is taking | | | | |
| Physical Conditions That Limit Activity | , | | | | | |
| Does the participant have a chronic or recurring illne | ess? If yes | s, please exp | olain. | | | |
| ☐ 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 the | at could prevent the p | articipant fro | om fully participating in the | event or activity | (attach additiona | l pages if needed) |
| | | | | | | |
| | | | | | | |
| Other Accommodations or Special Needs | | | | | | |
| Identify any other needs or considerations the partic | ipant has that the eve | nt or activity | planner should be aware | of (attach additior | nal pages if need | ed). |
| | | | | | | |
| | | | | | | |
| Permission | | | | | | |
| I give permission for my child/youth to pa | event safety rules and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior. | | | | | |
| 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. | | | behave inappropriately or if they pose a risk to themselves or | | | |
| | or own conduct | and is | others. | | | |
| The participant is responsible for his or haware of and agrees to abide by Church | | | | | | |
| Participant's signature | | | | | Date | |
| Emiliar of many | | | | | | |
| Parent or guardian's signature (if necessary) | | | | | Date | |
| | | | | | | |