THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Parental or Guardian Permission and Medical Release

Activity		Date
Ward	Stake	

Participant	Date of birth	Home telephone number
Participant's parent or guardian		Business telephone number
Address	City	State/Province

Medical Information

Does the participant have any of the following:

☐ Special diet ☐ Allergies ☐ Medication ☐ Chronic/Recurring illness ☐ Surgery or a serious illness in the past year ☐ Physical conditions that limit activity

If yes, explain below. Use back if more space is needed.

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity 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 activity and travel to and from this activity.

Parent or guardian's signature	Date

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