Parental or Guardian Permission and Medical Release THE CHURCH OF Activity Date **JESUS CHRIST** OF LATTER-DAY SAINTS Ward Stake Participant Home telephone number Date of birth 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 ☐ 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 for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant travel to and from this activity. Parent or guardian's signature Date 6/98. Printed in the USA. 33810 Parental or Guardian Permission and Medical Release THE CHURCH OF Activity Date **IESUS CHRIST** OF LATTER-DAY SAINTS Ward Stake Participant Date of birth Home telephone number Business telephone number Participant's parent or guardian Address State/Province City

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

Parent or guardian's signature

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 nec-

essary medical care. This authorization shall cover this activity and

Date

travel to and from this activity.