THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Permission and Medical Release Form

Each participant (including leaders) completes this form separately for each event or activity involving an overnight stay, travel outside the local area, or higher than ordinary risks (see *General Handbook: Serving in The Church of Jesus Christ of Latter-day Saints,* 20.5.5, 20.7.4, 20.7.7). The event or activity leader should have access to all participants' forms during the activity.

Event Details (to be filled out by event planner)

Event	Date(s) of event
2024 Roswell Stake Youth Conference	March 8-9, 2024

Describe event and activities (please be specific)

Youth conference including landscaping service project, travel, workshops, adventure air activity, variety show, and meals.

Ward	Stake
	Roswell Georgia Stake

Event or activity leader	Event or activity leader's phone number	Event or activity leader's email
Dionne Matthews	404-477-7363	purdygirl79@gmail.com

Contact Information

Participant	Date of birth	Age

Telephone number

Address	City	State or province

Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number

Medical Information

Does the participant require a special diet? ☐ Yes ☐ No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? ☐ Yes ☐ No	If yes, please list the allergies.

List all prescription or over-the-counter (OTC) medications the participant is taking. Leave blank if none.

Can the participant self-administer his or her medication?

☐ Yes ☐ No If no, please contact the event or activity leader directly.

Conditions That Limit Activity

Does the participant have a chronic or recurring illness? ☐ Yes ☐ No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? ☐ Yes ☐ No	If yes, please explain.

Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity.

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 or 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.

Please note: Units may not have the ability to meet all medical, physical, and other accommodations and are asked to counsel with parents or guardians on what is possible.

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. The participant's 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 participants behave inappropriately or if they pose a risk to themselves or others.

This information is collected to help event and activity leaders or medical personnel so they can be prepared and appropriately respond to health concerns or an emergency. It will be kept confidential and shared only as needed.

Participant's signature	Date

Parent or guardian's signature (if participant is a minor)	Date

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