

**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.

<b>Event Details</b> (to be filled out by event planner)		
Event <b>Colorado Springs Stake Youth Conference 2018</b>	Date(s) of event <b>February 2-3, 2018</b>	
Describe event and activities (please be specific). <b>Youth will be participating in workshops and fireside on Friday, Feb 2 at Woodland Park Chapel. YW will stay overnight in member homes. YM will sleep at BSA Camp Alexander. Youth will participate in outdoor service activity and other team building activities during the day on Feb 3 at Camp Alexander.</b>		
Ward	Stake <b>Colorado Springs Stake</b>	
Event or activity leader <b>Lou Lemesany / Zipporah Kofford</b>	Event or activity leader's phone number <b>(719) 650-0709</b>	Event or activity leader's email <b>LCLEMESANY@comcast.net</b>

<b>Participant Information</b>		
Participant	Date of birth	Age
Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Address	City	State/province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

<b>Medical Information</b>	
Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies.
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.
List all prescription or over-the-counter (OTC) medications the participant is taking	

<b>Physical Conditions That Limit Activity</b>	
Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (attach additional pages if needed)	

<b>Other Accommodations or Special Needs</b>
Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

<b>Permission</b>	
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.	event safety rules and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior.
The participant is responsible for his or her own conduct and is aware of and agrees to abide by Church standards, camp, or	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