

2015 Roswell Stake Priest & Laurel Adventure

Parental Consent & Medical Release Form

Activity: **LDS Roswell Stake Priest & Laurel Adventure**

Dates: **October 17, 2015**

Ward / Branch: _____

Stake: **Roswell Georgia**

Participant Name: _____

DOB: _____

Parent / Guardian Name: _____

Address, City, State: _____

Parent Home Phone: _____

Parent Cell Phone: _____

Insurance Carrier: _____

ID Number: _____ Group Number: _____

Insurance Phone Number: _____

Insurance Address, City, State: _____

Medical Information

Does the participant have any of the following?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Special diet | <input type="checkbox"/> Chronic/Recurring illness |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Surgery or a serious illness in the past year |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Physical conditions that limit activity |

If yes, explain below.

I give permission for my 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

Please return this important Medical Form to your YW or YM Leader by **October 10th**!