

## 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