

THE CHURCH OF
JESUS CHRIST
 OF LATTER-DAY SAINTS

Parental or Guardian Permission and Medical Release

Activity	High Course/Zip Line		Date
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Ward	Stake	
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Participant	Date of birth	Home telephone number
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Participant's parent or guardian	Business telephone number
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Address	City	State/Province
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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
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