

**Parental or Guardian Permission and Medical Release**

Activity <b>Youth Conference in Palmyra, NY</b>		Date <b>July 17-20, 2017</b>
Ward		Stake <b>Bloomfield Hills Michigan Stake</b>

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.

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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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Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I agree to abide by the standards of The Church of Jesus Christ of Latter-day Saints as detailed in For the Strength of Youth. This means that high standards of honor, integrity, language, virtue, honesty and abstinence from alcohol, tobacco, harmful drugs and personal displays of affection are required of every participant, at all times, during this event.

I agree to bring only the items on the "Personal Equipment" list.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Participant

Bishopric Interview (for youth participants only):

The above participant has been interviewed by me, has reviewed with me the standards and rules (see For the Strength of Youth pamphlet) for this event and has agreed to abide by them.

Date \_\_\_\_\_ Bishopric Members Signature \_\_\_\_\_