

Church Activity Permission and Authorization Form

Activity: **Young Women's Camp**

Date: _____

Ward: _____

Stake: _____

Name of participant or leader _____

Age: _____

Date of birth: _____

Home telephone (& area code): _____

Address: _____

City: _____

State or province: _____

In the event of an emergency, please contact the following individuals in this order:

Name: _____

Relation: _____

Home telephone & area code: _____

Other telephone & area code: _____

Name: _____

Relation: _____

Home telephone & area code: _____

Other telephone & area code: _____

Medical Information

Name of primary physician: _____

Telephone & area code: _____

Please explain any medical or health conditions that could affect participation in the activity such as special diet, allergies, medications, surgery, illness, or physical condition. Indicate treatment in case of emergency.

Note:

- Activity leaders should be aware of special needs but are not responsible for providing nursing care or dispensing medications.
- Parents or guardians should contact activity leaders and help make prior arrangements for anticipated needs.
- Medical and dental benefits from the Church Activity Insurance Program are **secondary** to other insurance and are subject to limitations. Contact your bishop or branch president for plan coverage or a benefit claim form in case of an accident.
- The participant or his or her parent or guardian is responsible for medical expenses in case of illness or injury.

Participant's health or accident insurance provider: _____

Policy number: _____

Some activities as part of Church sponsored events might involve a degree of risk of injury or illness, including travel to remote locations away from regular medical services. The participant and his or her parent or guardian, if the participant is a minor, knowingly agree to assume the risks of illness or injury and represent that the participant is in good health and capable of participation in the activity except as noted under "Medical Information" above.

The participant is responsible for his or her own conduct and agrees to abide by Church standards, camp or event safety rules, and other pertinent instructions. In case of inappropriate behavior, the participant may be excluded from any activity.

In case of an accident or illness, the participant and his or her parent or guardian, if the participant is a minor, give permission to administer first aid and authorize the volunteers supervising the activity to arrange emergency treatment. This authorization shall cover this activity and travel to and from this activity. This authorization includes consent to the use and disclosure of health information.

The participant and his or her parent or guardian, if the participant is a minor, have read and understand the terms and conditions of this form and sign to acknowledge their acceptance, permission, and authorization.

Participant's signature: _____

Date: _____

Parent's or guardian's signature (if participant is under age 19): _____

Date: _____

**THIS COMPLETED FORM MUST BE SUBMITTED TO
YOUR WARD YOUNG WOMEN LEADER PRIOR TO DEPARTURE**