THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Permission and Medical Release Form

Children and youth may not participate in a Church activity without the permission of their parents or guardians. For Church activities that include an overnight stay or inherent risks associated with physical activity, travel, or outdoor experiences, written consent is necessary. Some activities may require additional planning to reduce risks. Safety should always be an important consideration.

Event Details (to be filled out by event planner)

Event	Date(s) of event
LEESBURG STAKE YOUTH CONFERENCE - PIONEER TREK	March 18-20, 2027

Describe event and activities (please be specific)

A three-day pioneer handcart trek featuring outdoor camping, hiking, handcart pulling, and faith-building devotionals.

Ward	Stake
	LEESBURG

Event or activity leader	Event or activity leader's phone number	Event or activity leader's email
Adam Barr	407-782-3433	presidentadambarr@gmail.com

Contact Information

Participant	Date of birth	Age

Telephone number

Address	City	State or province

Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number

Medical Information

Does the participant require a special diet? ☐ Yes ☐ No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? ☐ Yes ☐ No	If yes, please list the allergies.

List all prescription or over-the-counter (OTC) medications the participant is taking. Leave blank if none.

Can the participant self-administer his or her medication?

☐ Yes ☐ No If no, please contact the event or activity leader directly.

Conditions That Limit Activity

Does the participant have a chronic or recurring illness? ☐ Yes ☐ No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? ☐ Yes ☐ No	If yes, please explain.

Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity.

Other Accommodations or Special Needs

Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

Permission

I give permission for my child or youth (or if signing on my own behalf, as a leader attending this activity, I personally consent) to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event 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 event and travel to and from this event.

Please note: Units may not have the ability to meet all medical, physical, and other accommodations and are asked to counsel with parents or guardians on what is possible.

The participant is responsible for his or her own conduct and is aware of and agrees to abide by Church standards, camp or event safety rules, and other pertinent instructions. The participant's conduct and interactions should abide by Church standards and exemplify Christlike behavior, including those listed on the attached "Conduct at Church Activities."

Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if participants behave inappropriately or if they pose a risk to themselves or others.

This information is collected to help event and activity leaders or medical personnel so they can be prepared and appropriately respond to health concerns or an emergency. It will be kept confidential and shared only as needed.

Participant's signature	Date

Parent or guardian's signature (if participant is a minor)	Date

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