THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Permission and Medical Release Form

Complete this form separately for each event or activity involving special considerations (see *Handbook 2: Administering the Church,* 13.6.20, ChurchofJesusChrist.org), an overnight stay, travel outside the local area, or an activity with higher than ordinary risks.

Event Details (to be filled out by event planner)

Event	Date(s) of event
Peoria Stake The Journey to Christ	June 4-7, 2025

Describe event and activities (please be specific)
Peoria Stake Youth and Adults will participate in a Book of Mormon re-enactment over a four day period in a forest setting.

Ward	Stake
	Peoria Arizona Stake

Event or activity leader	Event or activity leader's phone number	Event or activity leader's email
Cervando Zayas	602-635-8135	cervando1@gmail.com

Participant Information

Participant	Date of birth	Age

Primary telephone number	Secondary telephone number
☐ Home ☐ Cell ☐ Work	☐ Home ☐ Cell ☐ Work

Address City State or province

Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number
	☐ Home ☐ Cell ☐ Work	☐ Home ☐ Cell ☐ Work

Medical Information

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

Is the participant taking any medication or over-the-counter (OTC) drugs?	If yes, can the participant self-administer his or her medication?
☐ Yes ☐ No	☐ Yes ☐ No If no, please contact the event or activity leader directly.

List all prescription or over-the-counter (OTC) medications the participant is taking

Physical Conditions That Limit Activity

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

Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed)

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 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 abovenamed 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.

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. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior.

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

Participant's signature	Date
Parent or guardian's signature (if necessary)	**Date**

Peoria Stake 2024 The Journey

Extended Health and Medical Form

Please Accurately complete this form. All medical information will be kept confidential by those with The Journey responsibilities.

Camper Name:		Ward:
Birthdate:	Weight:	Height:

MEDICAL CONDITIONS – ***Please check all that apply or check*** ☐ **NONE**

- ☐ Heart / Circulatory
- ☐ Lung / Respiratory asthma
- ☐ Kidney / Urinary
- ☐ Diabetes / blood sugar concerns
- ☐ Seizures/Neurological/Fainting
- ☐ Thyroid
- ☐ Abdominal/Digestive i.e., *celiac/Crohn's*
- ☐ Muscular/Skeletal conditions
- ☐ Fatigue/Difficulty breathing w/exercise
- ☐ Recent surgeries/injuries *please explain*
- ☐ Sleep disorders i.e., *sleep walking, night terrors*
- ☐ Vision/Hearing/Oral *(requiring our attention)*
- ☐ Physical equip i.e., *knee or ankle braces; crutches*
- ☐ Other *any medical concern not listed*

Explain Conditions:

BEHAVIORAL/EMOTIONAL/MENTAL HEALTH CONDITIONS – ***Please check all that apply or check None*** ☐ **NONE**

- ☐ ADD/ADHD
- ☐ Anxiety/Depression
- ☐ Autism Spectrum
- ☐ Behavioral concerns
- ☐ PTSD, Recent Trauma, etc.
- ☐ Learning disability
- ☐ Psychiatric conditions i.e., phobias, eating disorders
- ☐ Other

Explain condition's severity & how it is managed at home:

ALLERGIES – **Please check all that apply or check** ☐ **NONE** ☐ Epipen or Inhaler will be sent to camp

- ☐ Medications
- ☐ Hay Fever/Plants
- ☐ Latex/Tape/Adhesive
- ☐ Insects
- ☐ Environmental *i.e., metals, aerosols*
- ☐ Other
- ☐ Gluten intolerance
- ☐ Celiac
- ☐ Dairy allergy/intolerance
- ☐ Nut Allergies
- ☐ Other dietary concerns

Explain allergy severity & how it is managed at home: (examples: Ibuprofen = hives)

REQUIRED DAILY MEDICATIONS – Please list both prescription and over-the-counter medications, or check ☐ **NONE**

Medication	**Dose - Strength**	**Frequency**

Is Camper currently covered by Medical Insurance policy? □ YES □ NO	
Insurance Company	Policy Holder Name
Policy #	Policy Holder DOB
Group ID #	Relationship to Camper
I have completed this form to the best of my knowledge.	Initial
I hereby certify that my child is in good health and is able to participate in all camp activities.	Initial
The assigned health care professional may seek emergency medical attention for my child, should she/he deem it necessary.	Parent/Guardian Signature
Parent/Guardian Signature	Date
Parent/Guardian Printed Name	Cell #
Email Address	

EMERGENCY CONTACTS

Name	Phone #	Relationship

Peoria Stake The Journey
June 4-7, 2025

Camper's Name:	Ward:

The following over-the-counter medications will be available at camp from the Health Care Medical Staff.
Please circle Yes or No for each medication your child is permitted to receive:

Ibuprofen / Motrin / Advil / Aleve ☐ YES ☐ NO

Tylenol / Acetaminophen ☐ YES ☐ NO

Benadryl / Diphenhydramine ☐ YES ☐ NO

Tums / Antacid ☐ YES ☐ NO

Anti-diarrheal (Pepto Bismol) ☐ YES ☐ NO

Midol ☐ YES ☐ NO

Cough drops ☐ YES ☐ NO

Decongestant (Sudafed) ☐ YES ☐ NO

Antihistamine (Claritin / Zyrtec) ☐ YES ☐ NO

Dramamine (anti-emetic) ☐ YES ☐ NO

Silvadene (ointment for burns) ☐ YES ☐ NO

Hydrocortisone cream (anti-itch) ☐ YES ☐ NO

Are there any OTC medications you **do NOT** want your child to receive?

ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS
& CHECKED IN WITH THE MEDICAL STAFF UPON ARRIVAL AT CAMP!

Date

Parent/Guardian Signature	Date
Parent/Guardian Printed Name	Cell #