

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 Deer Valley Stake Girls Camp		Date(s) of event May 28-31, 2025	
Describe event and activities (please be specific) Deer Valley Stake Young Woemn will participate in various activities described in the program while at Camp LoMia			
Ward		Stake Phoenix Deer Valley	
Event or activity leader Contact your ward leader or Danielle Wilkins	Event or activity leader's phone number 602-561-2865	Event or activity leader's email	
Participant Information			
Participant		Date of birth	Age
Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Address		City	State or province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Medical Information			
Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions		
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies		
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain		
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (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	

Deer Valley Stake 2025 Youth Camp

Extended Health and Medical Form

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

Camper Name:		Birthdate:	
Weight:	Height:	Shirt Size:	Ward:

The following over the counter medications will be available at camp from the camp medical staff. **Please check Yes or No for each medication your child is permitted to receive.**

Ibuprofen/Motrin/Advil/Aleve	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tylenol/Acetaminophen	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Benadryl/Diphenhydramine	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tums/Antacid	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Anti-diarrheal (Pepto Bismol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Midol	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cough Drops	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Decongestant (Sudafed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Antihistamine (Claritin/Zyrtec)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dramamine (anti-emetic)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Silvadine (ointment for burns)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hydrocortisone cream (anti-itch)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Any other conditions or concerns leaders need to know about:

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

Is Camper currently covered by Medical Insurance policy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Insurance Company	Policy Holder Name
Policy #	Policy Holder DOB:
Group ID #	Relationship to Camper

I certify that this information is provided to the best of my knowledge and that my child is in good health and is able to participate in all camp activities including but not limited to water-based activities, hiking, first aid and other survival skills. I consent to the assigned camp staff seeking emergency medical attention for my child, should he/she deem it necessary.

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