

## Parental or Guardian Permission and Medical Release



This form is required for all youth attending the Cambridge Stake Youth Pioneer Trek. Please review the information below for accuracy and completeness. Pay special attention to the following:

- Spelling of first and last name
- Preferred name if different than the name printed below
- Medical information
- Parent or guardian signature

|             |                      |      |
|-------------|----------------------|------|
| Participant | Age<br>Date of Birth | Ward |
|-------------|----------------------|------|

|                                  |                                 |
|----------------------------------|---------------------------------|
| Participant's parent or guardian | Activity Date<br>June/July 2015 |
|----------------------------------|---------------------------------|

Street

|      |                    |     |
|------|--------------------|-----|
| City | State<br><b>MA</b> | Zip |
|------|--------------------|-----|

|         |                    |
|---------|--------------------|
| Phone 1 | Phone 2 (optional) |
|---------|--------------------|

Special Diet / Allergies / Medication / Recurring Illness / Recent Surgery or Serious Illness / Physical Conditions that limit activity  
Please circle and explain: (Please use back if more space is needed.)

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 |
|--------------------------------|------|