High Point Stake

2019

Standards & Activities Permission Form

| Health Information |
|--|
| Family Physician: |
| Phone #: |
| Name of Insurance Company: |
| Insurance Policy Number: |
| Date of Last Tetanus Shot (Year): |
| Do you have or require any of the following: (Circle each one) |
| YesNoSpecial Diet |
| YesNoMedication |
| YesNoAllergies |
| YesNoChronic or Recurring Illness YesNoPhysical condition that would limit activity YesNoHave you had surgery or serious illness in |
| the past year |
| If the answer is YES to any of the above, please give full particulars (use back if needed): |
| |
| Travel |
| When traveling beyond stake boundaries, no youth should transport any youth (other than family members) to or from the activity. Youth driving other youth to activities within stake boundaries must have permission of the parents of those youth being driven; the driver's family assumes all risks. SIGNATURES |
| - Signature Batto |
| PERMISSION: I GIVE my permission for my son/ daughter to participate in all 2019 activities sponsored by the High Point Stake. |
| MEDICAL RELEASE: I GIVE my permission to the leader in charge to hospitalize my son/daughter and to authorize a licensed physician to attend him/her in case of illness or accident should such services become necessary. My son/daughter is covered by health and accident insurance by contract with the above named insurance company. 3. STANDARDS: I HAVE read and discussed these standards and guidelines with my son/daughter. PARENT -> Gignature Date |
| |

in authority will be expected.

7. Violation of any rules will be dealt with at the discretion of those in authority and could be cause for the youth's dis-

the youth home (at parent's expense if necessary).

missal from the activity. Parents will then be called to escort

Date

I HAVE discussed these standards/guidelines with this youth.

Signature

BISHOP ->