

Carrollton Stake Youth Trek

June 14-16. 2018

ADULT MEDICAL FORM

Name:	Ward:
Address:	Home Phone:
	Alternate Phone:
Email:	Cell Phone:
Family Physician:	Phone:
Insurance Company:	Employer/ID #:
Emergency Contact:	Phone:

MEDICAL INFORMATION— Please identify any medical issues.

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Regular Medication – Please list below |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Special Diet | <input type="checkbox"/> Other – Please explain below |
| <input type="checkbox"/> Allergies (food, drug, plant, insect) | <input type="checkbox"/> Hypoglycemia | Date of last Tetanus Shot: _____ |
| <input type="checkbox"/> Physical conditions that limit activity | <input type="checkbox"/> Chronic/recurring illness | |
| | <input type="checkbox"/> Surgery or serious illness in the last year | |

If any of the above are checked, please explain below or on back as necessary:

Please check the following over the counter medications that you are able to receive:

- | | | |
|--|--|--|
| <input type="checkbox"/> ALL LISTED | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Anti-Acid |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Anti-diarrhea |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Cough Syrup | |
| <input type="checkbox"/> Ibuprofen (Motrin, Advil) | <input type="checkbox"/> Throat lozenges | |

In exchange for allowing me to participate in this activity, **I hereby agree to release and to hold harmless** the Church of Jesus Christ of Latter-day Saints including local units as well as the individuals who implement or participate in the activity from all expenses, costs, and claims including negligence that may arise in connection with any injury arising in connection with this activity.

I hereby grant permission and assign the right to use and publish any photographs, video, audio, or other electronic recordings made of me during this activity to the Church of Jesus Christ of Latter-day Saints. **I hereby agree to release and hold harmless** the Church including its local units, as well as its individual members, from any and all liability for such use or publication. **I specifically waive** any right to any compensation I may have for such use or publication. I further give Dr. Molina permission to treat myself, as needed, in case of emergency.

Signature

Date

PLEASE RETURN COMPLETED FORM TO OLIVIA CANGELOSI BY 5/7/18 AT
OACANGELOSI@GMAIL.COM