

Permission and Medical Release Form

Each participant (including leaders) completes this form separately for each event or activity involving an overnight stay, travel outside the local area, or higher than ordinary risks (see *General Handbook: Serving in The Church of Jesus Christ of Latter-day Saints*, 20.5.5, 20.7.4, 20.7.7). The event or activity leader should have access to all participants' forms during the activity.

Event Details (to be filled out by event planner)

Event		Date(s) of event
Describe event and activities (please be specific)		
Ward	Stake	
Event or activity leader	Event or activity leader's phone number	Event or activity leader's email

Contact Information

Participant	Date of birth	Age
Telephone number		
Address	City	State or province
Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number

Medical Information

Does the participant require a special diet? ☐ Yes ☐ No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? ☐ Yes ☐ No	If yes, please list the allergies.
List all prescription or over-the-counter (OTC) medications the participant is taking. Leave blank if none.	
Can the participant self-administer his or her medication? ☐ Yes ☐ No If no, please contact the event or activity leader directly.	

Conditions That Limit Activity

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

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 above-named 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.

Please note: Units may not have the ability to meet all medical, physical, and other accommodations and are asked to counsel with parents or guardians on what is possible.

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. The participant's 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 participants behave inappropriately or if they pose a risk to themselves or others.

This information is collected to help event and activity leaders or medical personnel so they can be prepared and appropriately respond to health concerns or an emergency. It will be kept confidential and shared only as needed.

Participant's signature	Date
Parent or guardian's signature (if participant is a minor)	Date

Carnegie Stake Trek 2024 Information Sheet

This year trek will be in a remote part of northern Arizona. Trekking will involve walking, hiking, and pulling hand carts. We will walk a total of 10-15 miles over 3 days. The terrain will be rocky. Please ensure that your children are prepared for challenging terrain. We do not anticipate the need for urgent/emergent medical care; however, we will be prepared to meet these needs on site as much as possible. The nearest hospital will be over an hour away from us.

Given the distance from the nearest hospital, we are going to be prepared to handle most medical issues on site. Please be advised that this may include, but is not limited to: wound care, suturing of lacerations, injections of local anesthetic (lidocaine), treatment of pain/fever with over the counter medications (tylenol/ibuprofen), IV fluid (saline) administration, reduction of dislocated joints, environmental exposure injuries, Treatment of chronic illnesses (seizures, diabetes, allergies, etc), splinting of sprains and fractures, bloody noses, Epipen and glucagon injections. Please note that this list is not all inclusive of all minor injuries that may be treated.

We will give every effort to contact you for any emergent treatment needs prior to treating your child. If we cannot get ahold of you, we will act in the best interest of your child. If we cannot meet the emergent needs of your child, we will transport them to the nearest hospital.

Be advised that we may administer certain over the counter medications to help with minor symptoms. These include, but are not limited to: antihistamines, anti-diarrhea, pain/fever relief, topical medications for skin symptoms. If your child will need other medications, please make sure they bring them on trek. We can keep any meds they might need in the medical base cabin. If they have medications they will need every day, they should keep it with them.

We will do everything we can to keep your child at trek with their family. If needed we may modify their experience by: not allowing for walking, keeping them in the medical cabin, or removing them from trek altogether. Again, we will make every effort to keep you aware. We will have a 4-person medical team on ATVs equipped to handle most, if not all, emergencies. We will have training in environmental emergencies, basic wound care, ACLS, BLS, Trauma resuscitation, and emergency medicine.

The team includes:

- Cole Sondrup MD (emergency physician)
- Amy Wilkinson RN (emergency nurse)
- Grant Sondrup
- Matt Wilkinson

Please ensure you have fully completed the “Permission and Medical Release Form” that references this document and bring enough chronic meds to get through the trek. It is rare for trekkers to get into medical emergencies, but the most common issues relate to chronic medical conditions. Please be honest when filing out your forms.

Your medical team is doing this on a voluntary basis, out the goodness of their hearts. There is no compensation or remuneration for services rendered.

By signing “Permission and Medical Release Form” which references this document, you further acknowledge and approve, that we may perform urgent/emergent procedures (including but not limited to those listed above) on your child to treat minor emergencies. You agree to not hold the medical team, stake, or church liable for any injuries or harm that may happen because of the care of minor injuries during the Trek camp and transport to and from the camp.