

MEMPHIS NORTH STAKE YOUTH CONFERENCE TREK June 13-15, 2013

MEDICAL FORM

Ward/Branch _____

This form-all pages-must be completed, signed, and returned to your Bishop by April 1, 2013.
Each participant (adult and youth) must complete a form.

PRINT Name _____ Birth date _____

Male/Female _____ Youth Age _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Parent's Name (if youth) _____ Work/Cell Phone _____

Parent's Name (if youth) _____ Work/Cell Phone _____

Insurance Company _____ Policy # _____

Group # _____ Phone # _____

Please list any additional required information that may be needed for insurance purposes if it becomes necessary to secure the medical services of a doctor or hospital. This could include insurance pre-authorization phone numbers, name and Social Security number of the insured employee, whether it is necessary to contact a primary care physician, etc.

Additional Information:

Note: Parents of youth will be contacted, if at all possible, before securing the medical services of a doctor or hospital in the case of an emergency.

Secondary / Emergency Contact Name: _____

Phone: _____

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Health History

If you currently suffer from, or have experienced any of the following conditions *within the past year*, please mark the appropriate space below:

- | | |
|--|---|
| <input type="checkbox"/> Asthma (serious cases) | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Emotional problems requiring medication | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Major bone or joint injuries | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Major surgery or serious illness | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Other conditions that limit activity |
| <input type="checkbox"/> Hypoglycemia | |
| <input type="checkbox"/> Kidney Problems | |

Explain:

If you marked any of the above items, you must have a signed note from a doctor saying you are able to go on the trek. **You cannot participate without it.**

Describe any Allergies, special diets, or medication reactions: _____

Other Allergies (e.g. foods, tape, latex): _____

If you are allergic to bees, do you have a current bee sting kit? _____ Exp. date: _____
Special Diet:

Date of last tetanus shot: _____ Other Immunizations up to date? _____

Medications currently being used (if more than 3 meds please provide a detailed list on back of form – all medications must be brought to Trek): _____

Have you had more than a minor illness/ injury/surgery during the past year?

If yes, please explain: _____

Primary Care Physician _____ Phone: _____

Address: _____

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Statement of Responsibility/Contract And Release:

1. I understand this Pioneer Trek Youth Conference 2013 will be held in a primitive wilderness setting. I understand we will be "roughing it", so to speak, but the Stake will provide food, restroom facilities, safe drinking water, and learning activities. Each participant in this conference must act in accordance with Church standards at all times, and aid other members of the conference in behaving in accordance with Church standards. There are inherent risks involved in all outdoor activities. I understand that proper preparation reduces these risks and is the responsibility of all participants. These considerations include a warm sleeping bag, warm clothing, a poncho or raincoat, sunscreen, insect repellent, and other items listed on the Packing List. All participants must act in such a way as to not endanger themselves or others, and should show charitable consideration to all other participants and leaders in the Trek.

2. I am voluntarily a participant in this Trek and I will accept full responsibility for my actions under all conditions. I also agree to aid other members of the group in behaving responsibly.

3. I understand and appreciate that there are inherent risks involved in all outdoor activities, including this Stake-sponsored Youth Conference Trek, which are beyond the control of the Stake staff and Trek leaders and I agree to personally assume such risks. Also, the Stake staff and Trek leaders cannot be held responsible for any injuries or expenses, costs and/or claims in connection with any injuries sustained which were not directly caused by their failure to take due care. I, or my guardian, agree to accept full responsibility for any medical or related expenses incurred which are not covered by my own insurance policy or The Church's secondary insurance policy. I hereby also agree to release the Memphis Tennessee North Stake and its staff and Trek leaders for any and all claims for liability arising from my participation in the Pioneer Trek 2009.

4. I understand that each participant agrees to condition themselves physically for this experience. Specifically, each participant must be able to complete a minimum requirement of walking/running four (4) miles on level ground in 60 minutes or less without undue stress.

5. I understand that parents/guardians of youth will be contacted, if at all possible, before securing the medical services of a doctor or hospital in the case of an emergency.

Participant Agreement

I declare that the information in this Medical Form is complete and correct, and agree to act in accordance with the Statement of Responsibility/Contract and Release.

Date _____ Signature of Participant _____

Guardian/Parental Permission

As a parent, I am aware that my youth will be participating in the Pioneer Trek Youth Conference 2013. I have read the "Statement of Responsibility/Contract and Release" and the completed "Health History," and I am aware of the risks my child will face, and I hereby give my full permission for him/her to participate. Also, in the event any medical attention is needed I hereby authorize any leaders to seek medical treatment and medical personnel in charge of my child to administer such medical or surgical treatment or carry out such procedures as may be deemed necessary or advisable in the diagnosis or treatment of my child.

Date _____ Signature of Parent/Guardian _____