

‘Called to Serve’ Regional Youth Day - Aberdeen Stake Centre - Feb 2nd 2008

Name:	
Address:	
Home phone number:	Date of Birth:
Mobile:	
Medical conditions:	
Do you have a current Tetanus Vaccination? Yes No Tick the appropriate answer	
Prescribed Medicines:	
Special dietary needs:	
I, the undersigned, (please print)	
Signature:	
Being the parent/guardian of, (please print)	
Give permission for him/her to participate in the above named activity, including any necessary travel, unaccompanied by myself. I agree that he/she will be under the authority and responsible to the selected leaders.	
If at any point during the activity he/she requires urgent medical treatment, and provided that I can not be contacted personally, I give my permission to the Doctor or Surgeon involved to make any decision that might prove necessary. I also authorise the activity leaders to administer First Aid in the event of an accident or illness.	
Should it be necessary for him/her to share accommodation with one of the aforementioned leaders (of the same gender) I give my consent if this is necessary.	
Address of parent/guardian: (if different from above)	
Contact number of parent/guardian:	
Please note that youth should arrive in Sunday clothing and have scriptures with them for the activity.	
Any other relevant comments:	