

Chandler South Stake Trek 2023
Registration and Medical Information Permission Form

Name _____ Ward _____ Birthdate _____

Parent Name _____ Cell Phone _____

Parent Name _____ Cell Phone _____

Address _____

Doctor _____ Phone _____

Medical Insurance _____

Emergency Contact Name (not parents) _____

Emergency Contact Phone _____

Please list any medical conditions and treatment you normally follow that might occur during the Trek. If none, please indicate.

Please list Any Food Allergies

Please list any medications your youth will be taking during Trek

Date of last tetanus shot _____

I give my permission for the medical personnel attending this Trek to administer emergency treatment should it become necessary during camp. The items checked below may be given to my son/daughter by adult leaders should it be necessary. My son/daughter has had never had an adverse reaction to any of the over the counter drugs listed below **(if not thing is checked, NO MEDICINE WILL BE GIVEN)**:

- Tylenol Robitussin Aspirin Cough Drops Ibuprofen
 Pepto Bismol Sudafed Imodium AD Benadryl Triaminic
 Tums Visine Caladryl/Benadryl Lotion Aloe Vera
 Hydrocortisone Cream Neosporin Ointment Hydrogen Peroxide

Parent Signature _____ Date _____