

PARENTAL/LEGAL GUARDIAN CONSENT FORM

(required for all Candidates under age 19)

Candidate's Name: _____ Age: _____ Birthdate (M/D/Y): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Parent's Business Phones: (____) _____ - _____ ext _____ (____) _____ - _____ ext _____

Reactions to Drugs _____

Allergies: _____

Physical Limitations: _____

Blood type: _____

Other medical information, which might be necessary for the proper care of this young person: _____

Any medication, which the youth is presently taking: _____

Parents Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Name of person who could be notified in case of emergency, in case you cannot be contacted:

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

(continued on next page)

To Whom it May Concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in the Blue Lake Chrysalis.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on advice of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should I be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Blue Lake Chrysalis.

Hospital Insurance (check one) Yes No

Insurance Company: _____ Policy No. _____

Emergency phone nos. (____) ____ - _____ (____) ____ - _____

Candidate: _____ Date (D/M/Y): _____

Father: _____ Date (D/M/Y): _____

Mother: _____ Date (D/M/Y): _____

Legal Guardian: _____ Date (D/M/Y): _____

On the reverse side of this page, list any allergies or special medical problems your child may have. Thank you.

Sworn to and subscribed before me this _____ Day of _____, _____
Day month year

Notary Signature

Date license expires

MUST BE NOTARIZED