

Aldersgate Chrysalis
Emergency Permission



To be completed for any candidate under the age of 18.

In the event of any emergency, illness or accident, parents or guardian will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need permission to administer medical care. Please return this form **signed and notarized**. Everything must be completed on this form.

PLEASE PRINT.

To Be Completed By Parent or Guardian:

In the event that _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating on the Chrysalis weekend, I hereby give my permission to the person in charge of the weekend, in consultation with local medical personnel, to administer medical care, understanding that I will be contacted at the earliest possible moment.

Parent Name Printed _____

Signed _____ **Relationship** _____

Telephone(s) _____

Address _____

Candidate's Known Allergic Reactions _____

Medications and Dosages _____

Insurance Information

Insurance Company _____ Policy Number _____

Insurance Company Phone _____ Policy in Name of _____

To be completed by Notary Public:

State of Florida,

I the undersigned authority, hereby certify that the foregoing is a true and correct copy of the instrument presented to me by _____ as the original of such instrument.

Witness my hand and official seal, this _____ day of _____ A.D. 20____

Name _____ Notary Public State of Florida at Large.

My commission expires _____

Please return to:
Chrysalis Registrar
P.O. Box 491918
Leesburg, Florida 34749-1918