



**PARENTAL
PERMISSION**

_____ has my permission to attend a Chrysalis event or serve on team for the Chrysalis Weekend. In the event of an emergency, and if I/we cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the necessary treatment, including anesthesia for my child's well-being.

Date of weekend or event _____

Signature of parent or guardian: _____ Date _____

Home Phone _____ Cell Phone _____

If I/ we cannot be reached, please call: _____

Phone _____

Relationship to Child: _____

Please list any medical allergies, medication or medical problems or mental/physical disabilities the Chrysalis Team needs to know to care for your child.

(Use the back if you need more space.)

Insurance Carrier: _____

Policy #: _____

**Please include a copy of your medical insurance card
if serving on Chrysalis Team**