

**PARENTAL/LEGAL GUARDIAN CONSENT FORM**

(required for Anyone under age 19)

Child'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, work and participate in the Blue Lake Chrysalis.

I (we) authorize an adult, in whose care our (my) 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 it 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. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Signed by:     Father     Mother     Legal Guardian

Signed: \_\_\_\_\_ 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 \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ who is personally known to me and/or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

Notary Stamp

\_\_\_\_\_  
Date license expires

**MUST BE NOTARIZED**