



PARENT/GUARDIAN FORM
PARTICIPATION PERMISSION AND EMERGENCY INFORMATION
Chrysalis Flight or Journey Table

NOTE: In order to quickly contact parents/guardians in the event of an emergency illness or accident, this form must be completed in its entirety. However, as contacts cannot always be made immediately, we need permission for medical care, signed, and notarized. THEREFORE IF ANY PART OF THIS FORM HAS NOT BEEN COMPLETED, THE CANDIDATE WILL NOT BE ALLOWED TO PARTICIPATE IN THE WEEKEND AND THE DEPOSIT WILL NOT BE REFUNDED.

To be completed by Parent or Guardian:

In the event that **(Name of Candidate) First** _____ **Last** _____ suffers from any illness or accident requiring hospitalization, medication, or surgery while participating in the Chrysalis /Journey weekend, I hereby give my permission for treatment to the person in charge of the weekend in consultation with local medical personnel, understanding that I will be contacted at the earliest possible time.

Parent/Guardian's Name (PRINT): First _____ **Last** _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Personal Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

If you cannot be reached, call **(PRINT) First** _____ **Last** _____

Relationship: _____

Personal Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Please list any of the following which pertain to our child *(If not applicable, please write N/A)*:

ALLERGIES	
MEDICATIONS	
SPECIAL DIET REQUIREMENTS	
MEDICAL CONCERNS	

During the Chrysalis/Journey weekend, a photograph will be taken of the team and candidates together. Please initial in the space below to indicate your permission to publish on any applicable social media.

Social Media permission Yes No Parent/Guardian Initials: _____

PLEASE DO NOT PERMIT YOUR CANDIDATE TO BRING A CELL PHONE, TABLET OR OTHER ELECTRONIC DEVICES ON THE WEEKEND.

Continue to next page



PARENT/GUARDIAN FORM, CONTINUED
PARTICIPATION PERMISSION AND EMERGENCY INFORMATION
Chrysalis Flight or Journey Table

To be completed by Parent or Guardian:

INSURANCE INFORMATION

Primary Insured's Name (**PRINT**): First _____ Last _____

Personal Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Insurance Company: _____

Policy # _____ Group #: _____

Member ID Number: _____

Primary Care Physician (**PRINT**): First _____ Last _____ Phone: (____) ____ - ____

PARENT/GUARDIAN CONSENT

I, (**PRINT**) First _____ Last _____, the undersigned Parent/Guardian, hereby certify that the above information is correct. I give my permission for:

(**PRINT Student's name**) First _____ Last _____ to participate in Chrysalis Flight/Journey Table at Faith United Methodist Church, Jacksonville, Florida.

Parent/Guardian Signature: _____ Date: ____/____/____

NOTARIZATION

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

_____.

Personally Known OR Produced Identification. Type of Identification produced: _____

Notary Seal

Signature of Notary Public

Printed Name of Notary Public