

Chrysalis Health Form

Name: _____ Date of Birth: _____

Address: _____

Insurance Company: _____

Group Numbers: _____

List any dietary Restrictions:

X Each that the camper has experienced

- | | |
|---|--|
| <input type="checkbox"/> Asthma or wheezing | <input type="checkbox"/> chicken Pox |
| <input type="checkbox"/> heart trouble | <input type="checkbox"/> measles |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> mumps |
| <input type="checkbox"/> seizures | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> convulsions | <input type="checkbox"/> bed wetting |
| <input type="checkbox"/> fainting | <input type="checkbox"/> bladder trouble |
| <input type="checkbox"/> sleepwalking | <input type="checkbox"/> kidney trouble |

Is the camper under care for any illness at present?

Yes No

If yes, please describe:

List medication now being taken:

List any medication (or other) allergies:

Emergency Contact: _____

PH: _____

2nd Emergency Contact: _____

PH: _____

Do not send any medications other than those ordered by your doctor. A written doctor's order **MUST** accompany ANY medication sent. The label on a prescription bottle with the campers name, medication name, and dose is considered a doctor's order.

Doctor's name: _____

PH: _____

To my knowledge, I have no health problem unless stated above, and I can **SAFELY PARTICIPATE**.

Participant Signature: _____

Date: _____

I give my permission for Promiseland Chrysalis Leadership to administer to my minor child/ward, acetaminophen and/or ibuprofen if requested.

Parent signature: _____

Date: _____

Please fill out and sign this form. Attach additional information to this form.