



## **PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

---

Parents and legal guardians of minor youth are asked to complete this form and return it to Missouri East Chrysalis. The information requested will help Missouri East Chrysalis provide for the safety and well-being of youth participating in Missouri East Chrysalis activities.

All information will be kept confidential and will be destroyed following the Chrysalis for which it is completed.

### **IDENTIFYING INFORMATION**

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth's Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Youth's Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

### **PARENTAL CONSENT**

I, the undersigned parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all of the regular activities of Missouri East Chrysalis related to **Chrysalis #18**, including team meetings in preparation for the aforementioned Chrysalis and weekend activities. Further, I certify that my youth is physically fit to participate in such events, including, but not necessarily limited to climbing stairs, playing volleyball, or playing basketball.

### **MEDICAL INFORMATION**

Is your youth presently receiving treatment for an injury or illness or taking any form of medication for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

---

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

Name Printed \_\_\_\_\_ Relationship to Youth \_\_\_\_\_