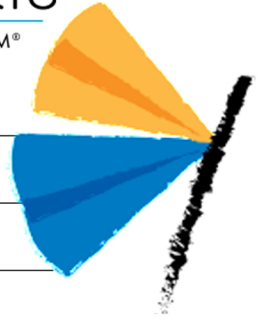


# Central Illinois Emmaus PromiseLand Chrysalis

chrysalis  
THE UPPER ROOM®



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: \_\_\_\_\_

2<sup>nd</sup> 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.