

# Chrysalis Flight

Of the Shenandoah Valley Area  
Health and Emergency Care Form

Participant's Name \_\_\_\_\_

Family Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

## Schedule of Medication Dosages

B = Breakfast 8:00 L= Lunch 12:15 S = Supper 6:00 N = Bedtime 10:00

After recording prescription and dosage place a large circle under each day at appropriate time.

The circle will be initiated at time of administration.

Medication Name	Dosage	Thursday				Friday				Saturday				Sunday			
		B	L	S	N	B	L	S	N	B	L	S	N	B	L	S	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Other Concerns:** (Food, insect, medicine allergies, Physical Limitations/concerns)

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**Information a Doctor or Hospital should know in case of emergency and you cannot be reached:** (past or present conditions)

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Family Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Insured's Name \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Parent/Guardian's Name (Please print) \_\_\_\_\_

Signature of guardian/parent \_\_\_\_\_ Date \_\_\_\_\_

*Completed at Camp Overlook*

Housing Unit \_\_\_\_\_ Table Leaders' Names \_\_\_\_\_

\* Attach to Registration Original \*

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