

ST. GEORGE'S CATHEDRAL CHILDREN'S CHOIR CURRENT INFORMATION & PERMISSION FORM

Child's Name _____ Child Known as _____

Date of Birth _____

Address _____ Tel. Home _____

Parent's Name: _____ Tel. Mobile _____ Email _____

Parent's Name _____ Tel. Mobile _____ Email _____

Alternate Emergency Contact Name (Other than Above) _____

Relationship to Child _____ Tel. Home _____ Tel. Mobile _____

Please indicate whether your child has any of the following medical issues:

Asthma: Yes ___ No ___ **Diabetes:** Yes ___ No ___ **Epilepsy:** Yes ___ No ___

Allergies Yes ___ No ___ If yes, what triggers allergies: _____

Anaphylaxis: Yes ___ No ___ If yes, indicate location of epi-pen, and whether child can self-administer

Does your child require any medications? Yes ___ No ___ If yes, please indicate when the medication is needed and how it can be accessed by the child or a supervisor _____

Can the child self administer? Yes ___ No ___

Please indicate other medical issues which may affect your child, or things such as fears, anxieties which would be helpful for us to know about? _____

Child's Health Card Number _____ Family Physician _____

Indicate names of anyone other than parents who is permitted to pick your child up _____

Is there anyone who should NOT be permitted to pick your child up? _____

NOTE: a parent's verbal authorization for pickup must be received before your child can be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

I give permission for my child to participate in choir-related events , and for my child's personal information and our contact information to be made available to other parents/guardians/volunteers and the Cathedral parish list, and for my child's photograph to be published in the media or in promotional materials for the choir.

Signature _____ Date _____

This personal information will be used only for the purposes for which it was collected and will not be disclosed for other purposes without prior notification, except as required by law. In the case of a medical emergency, the child's parents hereby consent to any medical examination, treatment or medical services that may be rendered to said chorister under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment. The parents agree to assume responsibility for payment of all fees for doctors, hospitals, ambulances and/or other medical charges reasonably and necessarily incurred. Insurance is the responsibility of the child's parents.