

**Emergency Contact and Medical Information for a Child**  
**Cantate Domino Cathedral Choir Camp**

<hr/> <b>Child's Name</b>	<hr/> <b>Date of Birth</b>	<b>M   F</b> <b>Sex</b>
<hr/> <b>Parent's/Guardian's Name</b>	<hr/> <b>Parent's/Guardian's Name</b>	
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	<hr/> <b>Home Phone</b> <hr/> <b>Work Phone</b>
<hr/> <b>Address</b>		<hr/> <b>Address</b>
<hr/> <b>City, ST ZIP Code</b>		<hr/> <b>City, ST ZIP Code</b>

**Alternative Emergency Contacts**

<hr/> <b>Primary Emergency Contact</b>	<hr/> <b>Secondary Emergency Contact</b>		
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>
<hr/> <b>Address</b>		<hr/> <b>Address</b>	
<hr/> <b>City, ST ZIP Code</b>		<hr/> <b>City, ST ZIP Code</b>	

**Medical Information**

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**Hospital/Clinic Preference**  

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<hr/> <b>Physician's Name</b>	<hr/> <b>Phone Number</b>
<hr/> <b>Insurance Company</b>	<hr/> <b>Policy Number</b>

**Allergies/Special Health Considerations**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> <b>Parent's/Guardian's Signature</b>	<hr/> <b>Date</b>
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I give permission for my child to participate in the **Cantate Domino Cathedral Choir Camp**. I release the **Archdiocese of Philadelphia, the Cathedral Basilica of Saints Peter and Paul** and individuals from liability in case of accident during activities related to **Cathedral Choir Camp**, as long as normal safety procedures have been taken.

<hr/> <b>Parent's/Guardian's Signature</b>	<hr/> <b>Date</b>
<hr/> <b>Witness Signature</b>	<hr/> <b>Date</b>



## ARCHDIOCESE OF PHILADELPHIA

### Consent Form: Posting Pictures/Videos of Minors

#### Cantate Domino Choir Camp

In order to protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check the one which applies)

\_\_\_\_\_ I give my permission for my child's picture, without name, to be posted on a website or social network page associated with this parish organization.

\_\_\_\_\_ I do not give permission for my child's picture to be posted on a website or social network page.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Choir Folder Number

\_\_\_\_\_  
Name of Parent/Guardian - please print

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Parent/Guardian