

In the unlikely event that my child becomes ill or is injured, and I, or the authorized physician named below, cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of Angelica Cantanti Youth Choirs immediate observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release Angelica Cantanti Youth Choirs, their employees, and agents from any claim of liability in connection therewith.

Singer's Name:	Choir:
Parent(s)/Guardian(s) Names:	Home Phone Number:
	Work Phone Number:
Parent(s)/Guardian(s) Address (please include street, apt. #, city, zip code):	Cell Phone Number (s) :
	Email Address #1:
	Email Address #2:
Emergency Alternate Contact:	Home Phone Number:
	Work Phone Number:
Relationship to Singer:	Cell Phone Number:
Name of Physician/Medical Group:	Physician's Phone Number:
Hospital preference:	
Name of Insurance Company:	Policy Number:
Describe singer's general state of health:	Swimming Proficiency:
Please list any special health problems, allergies, and learning disabilities:	
Please list any medications being taken:	
During event or tour, medications are to be administered by (please circle): Singer Chaperone *Be sure all medications are clearly labeled with singer's name and dosage instructions.	
Diet Requirements:	
I give permission for dispensing of over the counter medicines (i.e., Tylenol, Tums, Ibuprofen, etc.) as deemed necessary by the Angelica Cantanti staff or the designated medical personnel.	
Parent/Guardian Signature	Date

Please complete the back of this form.

Waiver

Angelica Cantanti may use photographers and videographers to help us compile photographs and video for publicity purposes. Any of our singers' images may be used for publicity purposes in pictures or videos, either for the Angelica Cantanti organization as a whole or for individual choirs. We will never identify a singer by name, address, phone number, or any other personal identification information.

This waiver gives permission for the use of images, pictures, and recordings of my child by Angelica Cantanti Youth Choir.

Child's Name _____

Parent/Guardian _____ Date Signed _____

If you do not want your child's image used in any publicity photographs or videos, you must notify the Choir Manager in writing. (Send a letter to Andrea Dittmer, Angelica Cantanti Youth Choirs, 1800 W. Old Shakopee Road, Bloomington, MN, 55431.)