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# CHORISTER HANDBOOK FORMS & ADDENDUMS

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BLUE WATER CHOIR SCHOOL  
AT GRACE EPISCOPAL

Blue Water Choir School  
213 Sixth Street  
Port Huron, MI 48060

(810) 985- 9539 | [bluewaterchoirschool.org](http://bluewaterchoirschool.org)

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## **ADDENDUM A – SIGNATURE REQUIREMENTS**

I am glad that my child \_\_\_\_\_  
Join the Chorister Program at the Blue Water Choir School as an Apprentice Chorister.

We have read and agree to comply with and follow the guidelines and procedures contained in the Chorister Handbook. We have also completed the following forms as part of my written authorization to have my child sing with the Chorister Program.

- ADDENDUM A – SIGNATURE REQUIREMENTS
- ADDENDUM B – CHILD / GUARDIAN / EMERGENCY FORM
- ADDENDUM C – MEDICAL / EMERGENCY INFORMATION

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ADDENDUM B – CHILD / GUARDIAN / EMERGENCY INFORMATION**

CHILD’S NAME \_\_\_\_\_

NAME USED AT HOME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PRESENT AGE \_\_\_\_\_

SEX (CIRCLE ONE) **MALE** | **FEMALE** | **NON-BINARY**

PRIMARY RESIDENCE ADDRESS:

STREET \_\_\_\_\_ APARTMENT / CONDO # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BEST CONTACT PHONE # \_\_\_\_\_

SECONDARY RESIDENCE ADDRESS:

STREET \_\_\_\_\_ APARTMENT / CONDO # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SECONDARY CONTACT PHONE # \_\_\_\_\_

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PARENT / GUARDIAN NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRIMARY CARE PROVIDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

If we are unable to reach you, please provide the name and phone number of two people we may contact in the event of an emergency, or other situation:

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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Does your child have any physical or emotional difficulties of which we should be aware of?

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Do we need to provide any special services would we need to provide for your child?

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Please list any food allergies your child has:

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Is your child allergic to insect bites or stings? **Yes** / **No** (circle one)

If yes, please describe:

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Please provide the Name, Address, and Phone numbers of people to whom we may release your child to in the event the parent(s) / guardian(s) are unable to do so:

NAME \_\_\_\_\_

STREET \_\_\_\_\_ APARTMENT / CONDO # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BEST CONTACT PHONE # \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_ APARTMENT / CONDO # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BEST CONTACT PHONE # \_\_\_\_\_

## **ADDENDUM C – MEDICAL / EMERGENCY INFORMATION**

### **Emergency Contact**

We expect to be able to reach you, or someone on your emergency call list, in a timely manner. Emergency contacts should be made aware they may be required to pick your child up during an emergency situation. It is imperative that someone be available to transport the child for medical attention. In extreme cases, we will contact 911 and have the child transported to the nearest hospital (see Emergency Medical Authorization Section).

### **Illness**

If your child becomes ill during any Blue Water Choir School activities, we will call you immediately.

### **First Aid**

If your child requires first aid assistance, we will call you immediately. First Aid boxes are available at Grace Episcopal Church and, should a child require a bandage, such “treatment” will be undertaken with at least two adults present. The adults will do their best to take all reasonable precautions when treating an open wound.

### **Privacy Policy**

All information and records concerning your child are considered confidential and will only be accessible to you, the Director, and, in the case of emergencies, persons with state / national licensed agencies (e.g., EMS, hospital, PCP).

**Allergies / Medication**

If your child suffers from any allergy, please indicate this below. Medicines will not be given unless written permission has been obtained from the parents / guardians, including the dosage required.

MEDICATION NAME \_\_\_\_\_

DOSAGE \_\_\_\_\_

TIME TO ADMINISTER MEDICATION \_\_\_\_\_

The undersigned parent(s) or guardian(s) hereby give consent and authorize a representative of the Blue Water Choir School and Grace Episcopal Church to administer the above medication(s) on behalf of the undersigned as if personally done by the undersigned. All acts so done are hereby expressly ratified.

PARENT / GUARDIAN NAME \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**Emergency Medical Authorization**

To be used in the event of an emergency; when a parent, guardian, or emergency contact person cannot be reached. The undersigned parent(s) or guardian(s) hereby give consent and authorize a representative of the Blue Water Choir School and Grace Episcopal Church to obtain appropriate medical transport, care, and treatment on behalf of the undersigned as if personally done by the undersigned, for the purpose of stabilization until such a time as the parent(s) or guardians(s) can be reached. All acts so done are hereby expressly ratified.

PARENT / GUARDIAN NAME \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_