CHORISTER HANDBOOK FORMS & ADDENDUMS

CAROLINA
CHOIR SCHOOL

Carolina Choir School
600 Walnut Street
Cary, NC 27511

carolinachoirschool.org

Revised August 2026

ADDENDUM A – SIGNATURE REQUIREMENTS

I am glad that my child _____
Join the Chorister Program at the Carolina 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 _____

PRIMARY RESIDENCE ADDRESS:

STREET _____ APARTMENT / CONDO # _____

CITY _____ ZIP CODE _____

BEST CONTACT PHONE # _____

SECONDARY RESIDENCE ADDRESS:

STREET _____ APARTMENT / CONDO # _____

CITY _____ ZIP CODE _____

SECONDARY CONTACT PHONE # _____

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 _____

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

_____

_____

_____

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

_____

_____

_____

Please list any food allergies your child has:

_____

_____

_____

Is your child allergic to insect bites or stings? **Yes** / **No** (circle one)
If yes, please describe:

_____

_____

_____

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 Carolina 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 Christ the King Lutheran 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 Carolina Choir School and Christ the King Lutheran 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 Carolina Choir School and Christ the King Lutheran 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 _____