

St. Mary Church
140 W. Hector St. Conshohocken, PA 19428 (610) 717-3972
June 24-28th 2024

CHANT CAMP PERMISSION FORM

My son/daughter has my permission to attend Chant Camp from June 24th-28th. This permission includes all related programs and events associated with it. I waive the parish of responsibility in the event of an accident and/or injury.

Also, as a parent or guardian, I authorize the treatment of my son/daughter by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent or Guardian's Signature Child's Name Date

Home Phone _____ Work _____

Emergency) Family Physician: _____ Phone: _____

Specified medical allergies, chronic illnesses, or other conditions:

Insurance: _____

Identification # _____ Group# _____

Alternate Emergency Contact:

Name: _____ Relationship _____

Phone: _____