

## Parent/Guardian Consent Form for Young People attending RSCM events

<b>Event details</b> (RSCM to complete)		
Name of Event:	Date of Event:	
Location of Event:	Name of supervising adult on the day:	
<b>Young person details</b> (Parents/guardians to complete)		
Name:	Date of birth: Age at time of event:	
Address:	Home tel no:	
<b>Emergency Contacts</b>		
Parent/Guardian Name:	Additional Contact Name:	
Home tel no:	Home tel no:	
Mobile no:	Mobile no:	
Contact number on the day:	Contact number on the day:	
Relationship to child:	Relationship to child:	
<b>Dietary requirements</b>		
Does s/he have any specific dietary requirements? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
Please provide details:		
<b>Agreement</b>		
<ul style="list-style-type: none"> <li>I agree that the young person named may participate in the above event.</li> <li>I understand that the RSCM may communicate practical arrangements to my son/daughter by email or other electronic means.</li> <li>I understand the RSCM takes no responsibility for transporting children to and from RSCM events.</li> <li>I agree to my son/daughter receiving communication through social media (for those aged 13 and over)</li> <li>I will ensure my child is collected from the event by ..... and if this changes I will inform the event contact.</li> </ul>		
<b>Signature:</b>	<b>Name:</b>	<b>Date:</b>
<b>Images Consent</b>		
<p>During the event, young people may be filmed, photographed or recorded with the possibility that these photos or video/audio recordings may be used for promotional and training purposes in RSCM and other relevant publications and wherever the RSCM has an online presence.</p> <ul style="list-style-type: none"> <li>I <b>give</b> permission for photos and video/audio recordings of my son/daughter to be taken and used for promotional and training purposes <input type="checkbox"/></li> <li>I <b>do not give</b> permission for photos and video/audio recordings of my son/daughter to be taken and used for promotional and training purposes <input type="checkbox"/></li> </ul> <p><i>If there are any changes to the above permissions, it is the parent/guardian's responsibility to make the organisers aware in writing. Please note, we will never disclose personal information about a young person such as their name, location or home choir unless we have specific permission to do so. However, we are not able to control how others share or tag posts on Facebook, Twitter or other social media platforms, and it is the parent/guardian's responsibility to advise their children about this. For further information, please see the RSCM Social Media Policy on <a href="http://www.rscm.org">www.rscm.org</a></i></p>		
<b>Signature:</b>	<b>Name:</b>	<b>Date:</b>

**Medical Information**

Does s/he have any medical conditions or recurrent illness e.g. asthma, hay fever, migraine, fits/faints or any disability etc? Yes   
No

Details:

Is s/he taking any medicine or undergoing any treatment etc that needs to be continued during the event?

Yes   
No

Details of any medication carried on the day, including epipens, inhalers, etc:

Is s/he known to be allergic or sensitive to anything (e.g. penicillin, aspirin, ibuprofen, nuts or other food etc)? Yes   
No

Details:

Any other information we should be aware of: Yes   
No

Details:

Action to be taken by staff in the event of a medical incident on the day:

**Agreement:**

I consent for this medical information to be processed in accordance with GDPR

**Signature:**

**Name:**

**Date:**