

RSCM PARENT/GUARDIAN CONSENT FORM
FOR YOUNG PEOPLE ATTENDING RSCM EVENTS

Event: _____

Name of supervising adult on the day: _____

Date of event: _____ Location: _____

Full name of young person under 18: _____

Age on day of event: _____

Emergency contact on day of event: _____

Name of Parent/Guardian (in BLOCK capitals): _____

Tel: _____ Mobile: _____

Address: _____

_____ Email: _____

Name and Telephone Number of child's GP: _____

Any special medical conditions including diet which may affect health (please list): _____

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

Any other comments: _____

"I give my consent for my child to attend this event in accordance with the arrangements that have been explained to me. I understand that practical arrangements may be communicated to my child by email or other electronic means.

I understand that the RSCM takes no responsibility for transporting children to and from RSCM events.

I understand that photographs may be taken during the event which may be used in the future for publicity or promotional purposes by the RSCM, either in print or on its website.* I agree to allow images of my child to be used for this purpose only."

Signed: _____ Date: _____

* No young person will be individually identified unless specific permission is given, and any images will be stored and used in accordance with the Data Protection Act.