

R S  M
PARENT/GUARDIAN CONSENT FORM
FOR YOUNG PEOPLE ATTENDING RSCM EVENTS
(PLEASE COMPLETE IN BLOCK CAPITALS)

Event:

Name of supervising adult on the day:

Date of event:

Location:

Name of young person:

Age on day of event:

Emergency Contact at the time of the event:

Parent/Guardian's Name:

Contact numbers:

Email:

Name and tel of GP:

Details of special medical conditions including diet, allergies etc:

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

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

Any additional information we should be aware of:

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 give my permission for my child to receive communications through social media.

I understand that photographs/video may be taken during the event which may be used in the future for publicity or promotional purposes by the RSCM.

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.*