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**PARENT/GUARDIAN CONSENT FORM**

**FOR YOUNG PEOPLE ATTENDING RSCM EVENTS**

**(PLEASE COMPLETE IN BLOCK CAPITALS)**

Event: **Area Festival and Awards**

Name of supervising adult (teacher/choir leader etc):

Date of event: **2 March 2019**

Location: **Blackburn Cathedral**

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 telephone number of GP:

Details of special medical conditions including diet, allergies etc:

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

Any additional information we should be aware of:

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

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, 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.*