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

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| **Event details** (RSCM to complete)Name of Event: Location of Event:Date of Event: Name of supervising adult on the day: |
| **Young person details** (Parents or guardians to complete)Name: Date of birth:Address: Age at time of event: Home tel no: |
| **Emergency Contacts****Parent or Guardian**Name: Home tel no: Mobile no: Contact number on the day:Relationship to child: | **Additional Contact Name**Name: Home tel no: Mobile no: Contact number on the day:Relationship to child: |
| **Dietary requirements**Does s/he have any specific dietary requirements? Yes [ ]  No [ ] Please provide details: |
| **Agreement:*** I agree that the young person named may participate in the above event, in accordance with the arrangements, which have been explained to me.
* I understand that the RSCM may communicate practical arrangements to my son/daughter by email or other electronic means.
* I understand the RSCM takes no responsibility for transporting children to and from RSCM events.
* I agree to my son/daughter receiving communication through social media (for those aged 13 and over)
* I will ensure my child is collected from the event by ………………………… and if this changes I will inform the event contact.

Signature: Name: Date: |
| **Images Consent:**During the event, we may take images of the young people, predominantly photos or videos by camera or mobile phone. The RSCM may use these images for promotional purposes in RSCM publications, our website and social media posts. * I **give** permission for images of my son/daughter to be taken and used for promotional purposes [ ]
* I **do not give** permission for images of my son/daughter to be taken and used for promotional purposes [ ]

*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 posts, such as tagging or sharing on Facebook, or re-tweeting on Twitter. If you do not wish your child to be involved in this activity, it will be the child’s responsibility to manage this at the event. For further information, please see the RSCM Social Media Policy on* [*www.rscm.com*](http://www.rscm.com)Signature: Name: Date: |
| **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: |