

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

Event: RSCM "Be A Chorister For A Day" Course

Name of supervising adult on the day: Rosemary Field / Teena Twelves

Date of event: Thursday 21st August 2014 Location: St Andrews Church, Heckington, Lincs.

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/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. **PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**