



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 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 photographs may be taken during the event which may be used in the future for promotional purposes by the RSCM. I agree to allow images of my child to be used for this purpose only.”

Signed: _____

Date: _____