

**R S  M 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 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 photographs 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.