

Parental Consent Form



Personal details of child

Name

Date of Birth

School

Contact address and telephone numbers for both parents / legal guardians

Name

Name

Address

Address

Home tel no

Home tel no

Work tel no

Work tel no

Mobile tel no

Mobile tel no

Email

Email

Emergency Contact

Name

Phone number

Relationship

Does your child have any illnesses, disabilities or allergies that may affect him / her when taking part in group activities?

Does your child require the routine use of any medication?

Does your child require attention to a special diet?

If yes to any of these question, please provide written details and appropriate instructions.

(Please note that if a child needs to take medication during an Instrumental Weekend this will need to be self-administered).

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Name of child's doctor

Address

Tel no

Parental Consent Form (continued)

Publicity

Your child may be featured in local or national medial or in publications produced by Sarah Heard. These might be in print or online. Typically individuals are not identified by name unless specifically requested at the event.

I am happy for photographs of my child to be taken during Instrumental Weekend activities
Yes / No

I am happy for photographs of my child to be used in national and local publicity, publications or websites
Yes / No

I am happy for video / film footage of my child to be taken during Instrumental Weekend activities
Yes / No

I am happy for video / film footage of my daughter to be used in national and local publicity, publications or website
Yes / No

Going Home

I ensure that my child will be collected from Instrumental Weekends by

(name).....

OR

(name).....

I am happy that my child travels home on his / her own and will tell Sarah they are leaving
Yes / No

If normal arrangements should alter for any reason, I will inform Sarah Heard.

Agreement

I agree to let my child participate in the instrumental weekends, recognising that quality assurance procedures are in place to ensure rehearsals are well planned and run as safely as possible.

I undertake that my child will be equipped as requested with instrument, music stand and music.

I understand that in the event of an illness or accident which Sarah Heard considers to require medical attention, medical aid will be sought and all attempts made to contact parents and / or guardians. I understand that in the event of no contact being possible, it is the responsibility of a doctor to decide whether examination and subsequent treatment are necessary. This can effectively represent 'consent' and is assessed on clinical need and in adherence to strict guidelines. If they are deemed to fully understand the situation then young people under the age of sixteen may give their own consent to examination or treatment.

Signed.....

Date

If any of the above details change please let Sarah Heard know asap in writing.