

Archdeaconry of Cambridge Church Music Society
PARENT/GUARDIAN CONSENT FORM
FOR YOUNG PEOPLE UNDER 18 YEARS OF AGE ATTENDING ACCMS EVENTS
(PLEASE COMPLETE IN BLOCK CAPITALS)

Event: Choir Festival

Name of supervising adult on the day:

Date of event: Saturday 21 September 2019

Location: St Giles Church, Castle Street and Kings College Chapel, Cambridge

Name of young person:

DOB & Age on day of event:

Emergency Contact at the time of the event:

Parent/Guardian's Name:

Contact numbers (on the day):

Email:

Name and telephone No of GP:

Details of special medical conditions including diet, allergies etc:

Details of medication carried on the day, including epipens, inhalers etc:

Action to be taken by staff in the event of a medical incident on the day:

Any additional information we should be aware of:

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 ACCMS takes no responsibility for transporting children to and from events and that they will be the care of the supervising adult named above during the whole event.

I understand that photographs/video may be taken by an official representative of ACCMS during the rehearsals which may be used solely in future publicity or promotional purposes by the ACCMS. I agree to allow images of my child to be used for this purpose only*.

NB - No other photography, video or audio recording is permitted in rehearsals or the service

I agree that _____ has the authority to be responsible for my child.

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 GDPR 2018.*