

RSNO YOUTH CHORUS PARENTAL CONSENT FORM

RSNO YOUTH CHORUS 2023 - 2024 SEASON

All rehearsals and Concerts Permissions from: September 2023 – June 2024

I agree to my child taking part in all of the Concerts and rehearsals. I acknowledge the need for obedience and responsible behaviour on their part.

Child's name:

Parent's signature: Please add your signature or type your full name to digitally sign:

Date:

Medical Information

Does your son/daughter suffer from any conditions requiring medical treatment, including medication?

YES

NO

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?

YES

NO

Is your son/daughter allergic to any medication?

YES

NO

If you have answered YES to any of the above questions, please provide us with brief details here:

Has your son/daughter received a tetanus injection in the last five years?

YES

No

Please outline any special dietary requirements of your child.

I undertake to inform the Chorus Manager as soon as possible of any change in the medical circumstances between the date signed and the commencement of the visit.

Please add your signature or type your full name to agree:

DECLARATION	
I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted by telephoning the following numbers:	
MY MOBILE	
HOME ADDRESS	
ALTERNATIVE CONTACT	Name:
	Phone Number:
	Address:
FAMILY DOCTOR	Practice Name:
	Phone Number:
	Address
SIGNED:	Please add your signature or type your full name to digitally sign:

Please complete this form on your computer and email it to us: chorus@rsno.org.uk
or print it out to complete and post it back to us to:
RSNO Youth Chorus
19 Killermont Street
GLASGOW
G2 3NX