

Wolverhampton Symphony Orchestra

Parent/guardian's consent for a child member (= person under the age of 18 years)

Child's name.....

Child's date of birth Age

Home address

.....

.....

.....

In case of emergency:

Parent/guardian name/s

Parent/guardian phone number/s..... (home)

..... (mobile)

Does your child have any medical conditions of which we should be aware? Yes No

If 'Yes' please give details

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Please note, it is the responsibility of the parents/guardians to inform the Child Protection Coordinator of any changes to these details.

I am happy for my child (name) :

1. To be left in the care of the named Child Protection Officers and other members of the orchestra, giving them complete responsibility for his/her safety and well-being.
2. To be brought home or taken to a hospital A+E department by a member of the orchestra should such emergency need arise.
3. To be transported to orchestral rehearsals and events by the following orchestral members:

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I have read the Wolverhampton Symphony Orchestra Child Protection Policy. (please tick)

Name Date

Relationship to child

Signed.....