



MERTHYR TYDFIL C.B.C. MUSIC SERVICE

STILL & VIDEO PHOTOGRAPHY CONSENT FORM /

PUPIL TRANSPORTATION FORM



Pupil Name: _____

Instrument: _____

STILL & VIDEO PHOTOGRAPHY CONSENT

Occasionally, the Music Service may take photographs or video of pupils in rehearsals, concerts or other events. We may use these images in promoting the service or for other educational uses.

From time to time, members of staff or members of the media will take photographs or film footage of a rehearsal, concert, or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, on televised news/other programs, or on the internet. We will not include contact details or names with an image.

For the parent, guardian or carer of a child or young person under the age of 18:

I understand that Merthyr Tydfil Music Service is taking photographs / video of my child to help promote the service. This form is valid for five years from the date of signing.

I permit Merthyr Tydfil Music Service to:

- Circulate the photographs to local newspapers.
- Use the photographs in any printed publications produced by the council.
- Reproduce the images / video on Merthyr Tydfil CBC website and other related sites.

Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies.

CONTACT INFORMATION

Occasionally it is necessary to cancel rehearsals due to inclement weather or other unavoidable reasons.

I want to be contacted in these situations using the contact details provided overleaf.

PUPIL TRANSPORTATION

I consent to my child travelling by any form of supervised public or contracted transport arranged by the Merthyr Tydfil Music Service.

I consent to my child travelling in a car to be driven by a parent or teacher who is suitably insured within the terms set out by Merthyr Tydfil C.B.C.

I understand that any educational visit organised by Merthyr Tydfil Music Service conforms to the guidance of Merthyr Tydfil C.B.C and a full risk assessment has been carried out.

My Name (Printed): _____

Relationship To Pupil: _____

Signed: _____

Date: _____



MERTHYR TYDFIL C.B.C. MUSIC SERVICE

MEDICAL FORM - CONFIDENTIAL



Information on pupils attending Merthyr Tydfil Music Service activities, courses, examinations or visits.

This form **must** be completed in full by the Parent / Guardian of each pupil for each individual activity.

Activity Name: MERTHYR TYDFIL YOUTH
Activity Date: TERM TIME THURSDAY/ FRIDAY EVENINGS AND CONCERTS
Activity Venue: PEN Y DRE HIGH SCHOOL/CYFARTHFA HIGH SCHOOL & THEATR SOAR
Music Service Tutors: S. JONES/D.Kolefas/H.Morgan

Affix
Photograph
Here

Full Name _____

Known As Name _____ Date of Birth _____

Instrument _____

School _____

Name of Parent / Guardian _____

Tel. No. _____

Address of Parent / Guardian _____

Authorised Alternative Contact Person _____

Tel. Number _____ Relationship To Pupil _____

Pupils Doctor Name And Address Of Practice _____

Does he / she suffer from, giving details below:

- | | | | |
|--|----------------------------------|--------------------------------------|--------------------------------|
| * ADHD YES / NO | * Asthma YES / NO | * Autism YES / NO | * Epilepsy / Fainting YES / NO |
| * Migraine YES / NO | * Diabetes YES / NO | * Dyslexia YES / NO | * Food Allergies YES / NO |
| * Hay Fever YES / NO | * Contact lens worn YES / NO | * Heart / Lung Disorder YES / NO | |
| * Ear, Nose & Throat YES / NO | * Skin Complaints YES / NO | * Bone / Joint Impairment YES / NO | |
| * Allergy to Drugs / Food YES / NO | * Vision / Hearing Loss YES / NO | * Gynaecological Disorders YES / NO | |
| * Gastro-intestinal Disorders YES / NO | | * Special Educational Needs YES / NO | |

Further Details _____

Religion, if applicable to Medical Treatment _____

Does he / she regularly take any form of Medication, if so what and when? _____

Does he / she regularly carry any form of medication, e.g. EpiPen or asthma pump, if so what? _____

Are there any current injuries / operations / medical treatments? YES / NO If so, please explain with dates. _____

Date of last Tetanus Injection _____ (Any adverse reaction?) _____

Blood Group (if known) _____ Is he / she a Vegetarian YES / NO

Does he / she have any special dietary or other requirements? _____

Is there any other information staff should be aware of? _____

In the event of my daughter/son requiring emergency medical or dental treatment whilst taking part in the Merthyr Tydfil Music Service activities as described above, and the tutor in charge or other responsible adult being unable to contact either myself or other person with a parental responsibility for my daughter/son, I hereby authorise them to obtain such medical or dental treatment for my child as they, in their absolute discretion, think necessary after consultation with a medical or dental practitioner. This authority extends to all medical and dental treatment including the giving of an anaesthetic where necessary.

Signed: _____ **Relationship To Pupil:** _____ **Date:** _____