



# Ulster Society of Organists and Choirmasters

## Policy for Safeguarding Children and Vulnerable Adults

Child's full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name by which he/she is known: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Contact phone number in case of emergency:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parental email: \_\_\_\_\_

If unavailable contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: *Please indicate any medical conditions relevant to your child, medication being taken and anything else that it would be helpful for USOC to know: (NB All medical details will be treated confidentially).*

### Declarations:

- give permission for my child to attend & participate in events organizes by the Ulster Society of Organists and Choirmasters.
- In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.
- understand that in the event of a medical emergency, USOC will endeavour to contact me as soon as possible using the contact telephone numbers given.
- I will inform the USOC of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.
- I understand that during the time my child will spend with USOC, photographs may be taken for general purposes and I give my permission for this.
- I confirm that the above details are correct to the best of my knowledge.

Signature: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_