SOUNDWAVES Photography Consent Form

To be completed by individual(s) (parents/guardians if subject is less than 18 years of age) before photographs/videos are taken.

Project

Project name and dates: Soundwaves

Mon 20 - Sat 25 July 2015 Tue 28-Fri 31 July 2015 Mon 17-Fri 21 August 2015 Fri 4-Sun 6 September 2015

Person(s) in photograph/video

I hereby grant Donegal Music Education Partnership, Wall2Wall Music, Music Generation and Arts Council Ireland the right to use the photograph(s) resulting from the photo shoot, and any reproductions or adaptations of the photograph(s) for all general purposes in relation to Donegal Music Education Partnership, Wall2Wall Music, Music Generation and Arts Council Ireland work including, without limitation, the right to use them in any publicity materials, books, newspapers and magazine articles whenever Donegal Music Education Partnership, Wall2Wall Music, Music Generation and Arts Council Ireland choose to do so.

Name: (please print)	
Address:	
Signature: Date:	
Parent/guardian if person to be photographed/videoed is less than 18 years of age	
Name: (please print)	
Address:	
Signature: Date:	

E-mail completed consent form to MusicEducation@DonegalETB.ie or post to DMEP, Regional Cultural Centre, Port Road, Letterkenny, Co.Donegal to arrive no later than 12noon on Friday 17 July 2015.

SOUNDWAVES Parental Consent Form

1 DETAILS OF ACTIVITY.

SignedDate	
Name, address and telephone number of family doctor:	
Telephone Number	
If not available at above, please contact: Name	
Work My home address is:	
3. DECLARATION: I agree to my child receiving emergency medical treatment, including anaesthetic as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance provided. I may be contacted by telephoning the following numbers:	у
I undertake to inform the Project Co-ordinator as soon as possible of any change in the medical circumstances between the date signed and the commencement of the workshop.	
Has your child received a tetanus injection in the last five years? YES/NO Please outline any special dietary requirements of your child.	
Is your child allergic to any medication? If YES , please give details.	
To the best of your knowledge, has your child 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. If YES , please give details.	
2. MEDICAL INFORMATION: Does your child suffer from any conditions requiring medical treatment, including medication? If YES, please give details.	
I agree to my child (name)	ir
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