



07899 800457  
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www.skylightsound.co.uk

Parental Consent Form  
Use of Radio Microphone

Name of Child: .....  
DOB: .....  
Group: .....  
Event: .....  
Dates: .....

Your child will be fitted with a radio microphone during the event above.

The fitting of equipment involves a pouch tied around your child's waist to house the radio microphone transmitter.

The microphone capsule and cable will be fixed using clear hypoallergenic adhesive tapes around the ear and at the back of the neck (or alternatively may be pinned to clothing).

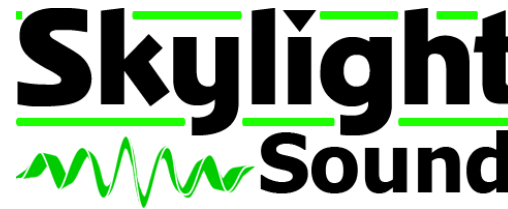
Persons applying the equipment will operate under the supervision of a chaperone allocated by the group.

Please sign this form and return before the dates above otherwise a microphone may not be used on your child.

***"I give consent for a microphone to be used as explained above"***

Signed: ..... Date: .....  
(Parent / Guardian)

**Return this form to your group organiser**



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