



Consent and Registration Form

August 2017 to July 2018

Dear Parent /Guardian

Every year PYCP ask that your child's details are updated and a new consent form completed. Please take time to fill out as fully as possible and return to the project as soon as possible.

If the forms is not completed your child may not be allowed to attend the activities. We always want a new consent form completed in August when the new schoolyear starts, so even if you have completed one in July (a month ago) we still require a new one.

PYCP offers a range of indoor and outdoor activities under staff supervision. However most activities carry some degree of risk.

For some activities an additional consent form will be required eg. Residential trips.

Education: Through our clubs, groups and individual support we aim to offer children and young people informal education opportunities, so that they are better informed about important issues such as their rights, drugs, HIV/ AIDS, discrimination including racism and sexism, disability, sexuality, relationship and health. PYCP staff and volunteers operate according to agreed principles when dealing with such issues, and in ways that are appropriate for the age of the child or young person.

Please contact the project if you would like more information.

Debbie and John

The Admin Team



@piltonyouthproj



PYCP/97

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Please make sure you have read the front of this form before completing the consent form. If the form is not completed your child may not be allowed to attend activities.



Child/Young Person's name	
Date of Birth	___ / ___ / ___ [Male] [Female]
Address including postcode	
Best Contact Numbers (home and mobile)	
Which part of the community do you live?	[West Pilton] [Muirhouse] [West Granton] [Royston] [Wardieburn] [Drylaw] [Other]
Ethnicity?	[White British] [White Scottish] [Black] [Asian] [Polish] Other - please state
Name of School?	School Year [] eg P1, P2, S2
Name of your Doctor's surgery?	
Give details of any medical conditions, allergies or other conditions that may affect your child. Eg. Asthma	
List any medications taken:	
Does your child have any special dietary requirements? Please list:	
Does your child have any allergies, if so, given details here:	
Do you have an email address we can contact you on?	This is handy if we need to cancel clubs or let you know of special events. Please tell us if it is YOUR email or YOUR child's email address
In the event of an emergency supply the name and contact number of someone if you are not available? Not you - someone else!	WE WOULD ALWAYS TRY THE MAIN CONTACT NUMBERS (ABOVE) FIRST SO PLEASE DO NOT REPEAT THE NUMBERS ABOVE.
Tell us if your child is to be collected from the project?	[Yes] Tick box, <u>and write below who will be collecting them.</u> eg. Mum, dad, Auntie J
Do you give permission for digital photography/videoing of your child to be used for PYCP's publicity, website and other material?	[Yes] [No]
Any additional information that you feel we should know?	For example: learning difficulties, phobias etc?
I give permission for the child/young person named above to take part in all activities with PYCP and give staff my permission to authorise medical treatment <i>including blood transfusions</i> on my behalf in the event of me being unable to be contacted in an emergency. I also undertake to advise PYCP of any changes to the information on this form immediately.	
Signed :	Print Name: Relationship to Child: Date: