



CONSENT & REGISTRATION FORM

Every child and young person **must have** an up to date consent form for the start of the new school year in August **even if a** form was completed during the summer

Dear Parents/Guardians/Carers

If this form is not completed your child/young person may not be allowed to attend activities. We want you to know that we are not in the business of selling, renting, trading or sharing information with any other charities, companies and businesses for marketing purposes. Our privacy policy can be viewed on our website or we can send you a copy if you email info@pypc.co.uk.

Thank you

CHILD/YOUNG PERSON'S NAME

.....:

DATE OF BIRTH:

..... [MALE] / [FEMALE]

ADDRESS INCLUDING POSTCODE:

.....
BEST CONTACT NUMBERS (HOME AND MOBILE):

1:

2:

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY REQUIREMENTS? PLEASE LIST:

.....

WHICH PART OF THE COMMUNITY DO YOU LIVE?

[West Pilton] [Muirhouse] [West Granton][Royston]

Other: please state:

HOW BEST DESCRIBES YOUR ETHNICITY?

[White British] [White Scottish] [Black] [Asian] [Polish]

Other:

GIVE DETAILS OF ANY MEDICAL CONDITIONS, ALLERGIES OR OTHER CONDITIONS THAT MAY AFFECT YOUR CHILD:

.....

LIST ANY MEDICATION TAKEN?

.....

NAME OF YOUR DOCTOR'S SURGERY?

.....

SCHOOL YEAR? EG: P1, P2, S1,S2 ETC

.....
NAME OF SCHOOL YOUR CHILD ATTENDS?

.....

IN THE EVENT OF AN EMERGENCY (NOT YOU-SOMEONE ELSE) WHO SHOULD WE CONTACT?

NAME:

NUMBER

I, GIVE PERMISSION FOR DIGITAL PHOTOGRAPHY / VIDEOING OF MY CHILD TO BE USED FOR PYCP'S PUBLICITY, WEBSITE AND OTHER

MATERIAL: [] YES OR [] NO

IS YOUR CHILD TO BE COLLECTED FROM THE PROJECT? [YES] OR [NO] - IF YES, BY

WHOM:

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 **INCLUDING BLOOD TRANSFUSIONS** 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 the this form immediately.

Signed:

Print Name

Relationship to child:

Date:

DATE SUBMITTED:



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Dear Parents/Guardians/Carers

Every year we ask that your child's details are updated and a new consent form completed. The best time to do this is in August/September as your child starts their new year of school.

Please take time to fill out this form as FULLY as possible and return to the project as soon as the clubs start back.

If the form is not completed your child may not be allowed to attend the activities. We always want a new consent form completed 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 but most activities carry some degree of risk. A risk assessment is always carried out on all our clubs, groups, outings and activities and one of our requirements is that we must have up to date information provided by you on your child.

I would like to put your mind at ease and confirm that we are committed to maintaining the trust and confidence of parents, guardians and carers and to let you know that we will not share any of the information you provide with anyone outside of the project without specific consent from you first.

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, 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.

The Management Team

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