



**PILTON YOUTH & CHILDREN'S PROJECT**

**33 West Pilton Brae, Edinburgh, EH4 4BH**



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PYCP/97



@PiltonYouthProj

## Dear Parents/Guardians/Carers

### Consent & Registration Form August 2019

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 your child **will still need a new one** completed.

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@pycp.co.uk**.

Thank you

**NAME OF CHILD/YOUNG PERSON:**

**DATE OF BIRTH:**

**MALE**

**FEMALE**

**YOUR ADDRESS INCLUDING POSTCODE:**

**BEST CONTACT PHONE NUMBER**

**ANOTHER PHONE NUMBER?**

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

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

**YOUR DOCTOR'S SURGERY:**

**LIST ANY MEDICATION TAKEN?**

**WHICH PART OF THE COMMUNITY BEST DESCRIBES WHERE YOU LIVE:**

[WEST PILTON] [MUIRHOUSE] [WEST GRANTON] [ROYSTON] [OTHER]

Please state other area:

**WHICH SCHOOL DOES YOUR CHILD ATTEND:**

**WHAT SCHOOL YEAR. eg. P1, S3, etc**

**Do you give permission for digital photography/videoing of your child to be used for PYCP's publicity, website and other?**

YES [ ] NO [ ]

**IN THE EVENT ON AN EMERGENCY AND WE ARE UNABLE TO GET HOLD OF YOU PLEASE GIVE US AT LEAST 1 EMERGENCY CONTACT NUMBER, NAME OF PERSON AND RELATIONSHIP OF PERSON TO YOUR CHILD?**

**DO NOT INCLUDE ANY NUMBERS PROVIDED OVERLEAF AS WE WILL ALREADY TRY THOSE NUMBERS FIRST:**

**IS YOUR CHILD TO BE COLLECTED FROM THE PROJECT**

NO? [ ] YES? [ ] If so, by who?

**IF YOU WANT US TO LET YOU KNOW ABOUT EVENTS, CLUBS, GROUPS AND NEWS VIA EMAIL PLEASE PROVIDE YOUR EMAIL ADDRESS:**

WE WILL NOT PASS YOUR EMAIL ADDRESS TO ANYONE ELSE

**DOES YOUR CHILD HAVE ANY BROTHERS AND SISTER ALSO ATTENDING PYCP - PLEASE GIVE THEIR NAME:**

**HOW BEST DESCRIBES YOUR ETHNICITY?**

[WHITE SCOTTISH] [WHITE BRITISH] [BLACK] [ASIAN] [POLISH][PREFER NOT TO SAY] [OTHER]

Please state other:

**WOULD YOU BE INTERESTING IN GETTING INVOLVED WITH CLUBS AND GROUPS, HELPING OUT ON OPEN DAYS, FUNDRAISERS OR VOLUNTEERING IN CLUBS AND GROUPS?**

Are you happy for our Volunteer Development Worker to contact you when the need arises? NO? [ ] YES? [ ]

I give permission for the child/young person named overleaf 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 this form immediately.

SIGNED:

PRINT NAME:

YOUR RELATIONSHIP TO CHILD?  
Eg, mum, dad

DATE SIGNED: \_\_\_\_\_