

August 2024 Consent & Registration Form

Dear Parent or Guardian

Every child and young person **must have** an up to date consent form **completed by their parent or legal guardian** for the start of the new school year in August. **No child under 5 years can attend.**

Even if a form was completed during the summer your child **will still need a new one** completed.

It is essential that the information you provide is accurate especially regarding the age and school year of your child. We may ask for proof of this.

If this form is not completed your child/young person may not be allowed to attend activities that are online or in the project.

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 <https://pycp.co.uk/our-privacy-notice/> which shows how we use the data provided and more about your rights. We can send you a copy of our privacy policy if you email info@pycp.co.uk.

PYCP Management Team.

Part 1: Questions:	Please answer here:
Name of Child/Young person	
How best describes your child	Male Female Non Binary Prefer not to say
What best describes your ethnicity? tick or circle the best one for your child)	<ul style="list-style-type: none"> • White British • White Scottish • Black • Asian • Polish • Other (please describe) • Prefer not to say
Date of Birth	
Your address including postcode	
Email address parent/guardian (or If over 16 email address of young person)	
Parent/Guardian best contact numbers	
Child/Young person (13+) phone number	
Do you give permission for youth work staff to contact your child aged 13 and over direct with updates on their clubs (eg changes of times, cancellations)	
Does your child have any special dietary requirements - please list ALL	YOU MUST WRITE IN THIS BOX SPECIAL DIETARY REQUIREMENTS OR tick NONE BOX If they have none tick this box <input type="checkbox"/>
Details of any medical conditions, allergies or other conditions that may affect your child	YOU MUST WRITE IN THIS BOX DETAILS OF CONDITIONS OR ALLERGIES Or tick NONE BOX If they have none tick this box <input type="checkbox"/>
Your doctors surgery	
List any medication taken (including epipens)	YOU MUST WRITE IN THIS BOX DETAILS OF MEDICATION - USE SEPARATE PAGE IF NEEDED
Which part of the community do you live (eg Pilton , Muirhouse)	West Pilton Muirhouse West Granton Royston Drylaw Other - please state
Which school does your child attend (if left, just write left school)	
What school year, eg. P1, S2	

Part 2: Questions:	Please answer here:
Do you give permission for digital photography and videoing of your child to be used for PYCP's publicity	YES NO
For children/young people aged 13 and above. Please confirm that your child gives permission for digital photography, videoing to be used for publicity too? We will also ask your child aged 13+ to complete consent when they first attend the clubs at the beginning of the term.	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?	Name: Contact Number: Relationship
Is your child to be collected from the project - If yes by who	YES NO If yes who is allowed to collect your child from the project:

IT IS IMPORTANT THAT ANY CHANGES TO YOUR CHILD'S DETAILS ARE PASSED ON TO STAFF AS SOON AS POSSIBLE SO THAT A NEW CONSENT FORM CAN BE ISSUED.

PLEASE EMAIL OR TELL A MEMBER OF STAFF SO YOUR CHILD'S RECORDS CAN BE UPDATED.

A DELAY IN TELLING US ABOUT A MEDICAL CONDITION OR ALLERGY COULD PREVENT US FROM PROVIDING THE BEST CARE FOR THEM.

Part 3: Questions:	Please answer here and sign below
I give permission for the child/young person named overleaf to take part in all activities with PYCP (face to face, in our PYCP building, out and about in the local area and on zoom or other online platforms)	YES NO
I 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.	YES NO
I give my permission for the information given on this form to be stored and used by PYCP as detailed in their Privacy Policy	YES NO
I undertake to advise PYCP of any changes to the information on this form immediately	Signed by
Print Name	
Relationship to Child? (eg. Mum, Dad, carer, Grandparent)	
Date signed	

**Thank you for completing the form
please visit our [Website](#) or [Facebook](#)
page to find more about our services**

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