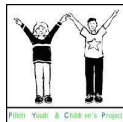
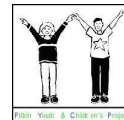


Pilton Youth and Children's Project



The Greenhouse, 1a West Pilton Place, Edinburgh, EH4 4DG

Tel: 0131 332 9815 Email: info@pycp.co.uk Web: www.pycp.co.uk



Consent and Registration Form 2009/2010

Dear Parent/Guardian

Each year we require you to complete and return a consent/registration form. Please read this form carefully before completing ALL the sections and signing it if you agree to your child taking part in the activities of PYCP. You should then return the whole sheet to us at the above address. Do not tear off any sections. *If the form is NOT completed in full we will have to return it to you.* If you need any help to fill in the form then we are more than happy to help.

Child/Young Persons Name:			
1st Line of Address:			
Postcode:			
Best Contact Numbers	1. 2.		
Name of School Attending:		School Year: Eg. P1, P2, S2 etc	
Date of Birth:			
Which of the community do you live in:	<input type="checkbox"/> West Pilton <input type="checkbox"/> Muirhouse <input type="checkbox"/> West Granton <input type="checkbox"/> Royston <input type="checkbox"/> Wardieburn <input type="checkbox"/> Drylaw <input type="checkbox"/> Other		
Ethnicity:	<input type="checkbox"/> White Scottish <input type="checkbox"/> White British <input type="checkbox"/> Asian <input type="checkbox"/> Black Gypsy Traveller <input type="checkbox"/> Other <input type="checkbox"/> No Comment		
Name of Doctors Surgery:			
Give details of any medical or other conditions that may affect your child? Eg. Asthma, Epilepsy, Dia- betes etc. If none, please write NONE.			
Any medication taken? Please list:			
Does your child have any special dietary require- ments? If none, please write NONE.			
Does your child have any allergies? If so, please give details. If none, please write NONE			

In the event of an emergency, please give names of 2 people we can contact if you are unavailable:	1. 2.
Please give their contact numbers:	1. 2.
Are we allowed to administer first aid sticking plasters on your child?	Yes / No [please circle as appropriate]
Please tell us here if your child is to be collected from the Project otherwise we will assume they can leave on their own.	<u>Please tell us by who they will be collected:</u> <i>If circumstances change please inform us in writing or come in to the project to tell us.</i>
Do you give permission for digital photography/videoing of your child to be used for project publicity, PYCP's website and other promotion material?	Yes / No [please circle as appropriate]
Is there any additional information you think we should know, please include here or on a separate sheet:	

Activities: 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.

I give permission forto take part in the above activities with PYCP and give staff my permission to authorise medical treatment *including blood transfusion* 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 : **Dated:**

(If you are 16 or over you can self certify your own consent but we must have PHOTO ID to confirm your date of birth)

Name of Parent/Guardian :

Address (If different from above):

Telephone Number (If different from above):