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| Name: | Age: | Date of Birth: |
| Address: | | |
| Postcode: | | |
| School: | School Year: | |
| Parent/Guardian Name: | | |
| Contact Number: | | |
| Email Address: | | |
| Emergency Contact Name: | | |
| Emergency Contact Number: | | |
| Relationship to young people: | | |
| <p>Is your child allergic to anything, for example, nuts, dairy products, wheat or suffer from any medical conditions for example, eating disorders, diabetes, epilepsy that we should know about?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details along with any further information, including medication required.</p> | | |
| <p>Sometimes photographs or videos are taken to capture the club and the activities as they happen and shared on our social media pages.</p> <p>Do you give permission for your son/daughter to be photographed/videoed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | |
| <p>Sometimes FetLor organise spontaneous activities in and around the premises. Please indicate if you are happy for your child to participate in these activities? (i.e Fencing, judo)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | |
| <p>Is your child allowed to walk home by themselves at the end the club?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, please state all the people authorised who will collect your child from FetLor (three people maximum).</p> | | |
| <p>Does your Child have contact with both parents?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, are there any restrictions in place?</p> | | |
| <p>Is your child involved with/getting any support from any other agencies? e.g. Social Work, children and families (This helps us to cater our services to better suit the needs of the young people)</p> | | |
| <p>Does Your Child Attend any other provisions within North Edinburgh?</p> | | |
| <p>Statement-</p> <p>I _____(Print name) give permission for my son/daughter _____ (Childs name) to attend the provisions at FetLor Youth Club.</p> <p>Signed _____ Date: _____</p> | | |

*All information will be stored in safe, secure place, will not be shared and will be destroyed as soon as no longer needed.