



HISTORIC SCOTLAND  
ALBA AOSMHOR



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Dear Junior Ranger,

Thank you for your interest in attending the Historic Scotland Ranger Service Junior Rangers scheme in Holyrood Park.

If you wish to sign up as a Junior Ranger, please ask your parent or guardian to fill out the enclosed forms and either post them to the above address, or bring them with you to the next meeting.

Best Wishes

Katy Firth



Junior Rangers Membership form 2012/13

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Tel. no: \_\_\_\_\_

Mobile: \_\_\_\_\_

School: \_\_\_\_\_



Name of Parent/Guardian: \_\_\_\_\_

I give my permission for \_\_\_\_\_ to become a member of the Historic Scotland Junior Rangers Scheme.

- I am aware that the majority of activities will take place outdoors and I will ensure that he/she is adequately attired, wearing old clothes that are suitable for the weather conditions and sensible outdoor footwear with good grips.
- I have provided my emergency contact details.
- I give permission for Historic Scotland Rangers to contact me and my child by email, telephone & postal mail regarding meeting details.
- I understand that every effort will be made by the Ranger Team to ensure the safety of my child. On occasion minor scratches and grazes may occur and I agree for a qualified First Aider to treat my son/daughter.
- All the information given on the application form is correct and I shall ensure that Historic Scotland Rangers are informed in writing of any change of details.
- All Junior Rangers will be supervised by Ranger Service staff and will be instructed in the use of any tools. All activities will be fully risk assessed. I am aware that, for reasons of health and safety, Ranger Service staff will expect all verbal and written instructions to be followed.
- I am aware that Historic Scotland Rangers reserve the right to exclude from the Junior Ranger Service any young person who constantly misbehaves, fails to follow health and safety instructions or consistently fails to attend meetings without explanation.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical and Emergency Contacts Form

All information provided here will be treated with the utmost confidence in accordance with the Data Protection Act. For the safety and welfare of your child and other members of the Junior Rangers Scheme, **please complete each question** and return the form as soon as possible to the Historic Scotland Ranger Service.



### 1. Your Child's Details

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

Address:

\_\_\_\_\_

Home telephone number:

\_\_\_\_\_

Mobile phone number:

Blood group (if known): \_\_\_\_\_ Does your child wear contact lenses: Yes / No

Treatment that my child must not receive without my permission (e.g. blood transfusion):

### 2. Allergies and Medication

Please list all allergies that your child has:

Please list all medication, including inhalers, that your child takes and how and when they are to be administered:

NB: Please note any medication required, for instance, inhalers and epi-pens, must be brought with you to events

#### 2.1 Additional Support Needs

Please detail any additional support needs your child may have:

Please list any successful support strategies that are used at home or school:

### 3. Doctor's Details

Doctor's Name and Phone Number:

\_\_\_\_\_

Doctor's Address:

\_\_\_\_\_



### 3.1 Emergency Contacts

Please give details of who to contact in case of emergency:

Name:

\_\_\_\_\_

Relationship to Child:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Mobile Number:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

### 3.2 Any Other Information

Please detail any other information you feel may help us to support your child:

### 3.3 Consent

In the event of illness or accident requiring emergency hospital treatment, every effort will be made to contact you immediately. If this is not possible, any decisions regarding your child's health will be made by qualified medical staff.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Branch Use:

3.4 Remember forms must be updated at least once a year.

Date form needs to be reviewed:

## Photographic, Press & Publicity Permission

Historic Scotland occasionally use photographs of children and adults (groups who both can be classed as vulnerable) taking part in activities at our sites, other Historic Scotland sites or at events which we have supported. The photographs are used in printed publications, promotional material such as Historic Scotland leaflets, during presentation and talks and on the Historic Scotland website.

It is our policy to only use materials featuring individuals for which permission has been given. Please complete the box below to say whether you:

- As a parent/guardian, give permission for photographs of your child/person in your care to be used as described above

**Parents/Guardians:**

I give permission for photographs of my children/child/persons in my care to be used in printed publications, promotional material such as Historic Scotland leaflets and on the Historic Scotland website.

Signed ..... Print name.....

Date..... Children's names:.....

Exceptions:

**Location: Holyrood Park**

**Activity: Junior Rangers Scheme**

**Date: 2013**

**Received by:**