

C 39 . REC. No. D 47

NAME Panzica Lisa

PARENTAGE Carl Panzica
Maria Panzica

XN 785

Date of Birth	Place of Birth	Religion	012854
<u>29.5.66</u>	<u>Edin</u>	<u>P.</u>	

Admitted	C.L.	Cler.	R.	St.K.	ST PO	DISCHARGED DATE	TO
<u>23.7.68</u>					<u>1</u>	<u>29.7.69</u>	<u>Parents</u>

Copy

EDINBURGH CORPORATION
SOCIAL WORK DEPARTMENT

Name: PANZICA Lisa Ref. No. D 77
Date of Birth: 29.5.66

Address: _____

Father: _____ Address: _____

Mother: _____ Address: _____

Brothers and Sisters: _____

Date received into care: 23.4.68

Summary of Residence of Child

<u>Name and Address</u>	<u>Date</u>	
	<u>B/Out</u>	<u>Discharged</u>

School: _____

Doctor's Name: _____ Tel. No. _____

Address: _____

Social Worker: _____

Mr. [unclear] Gen. D.

REVIEW MEMO.

REC. No. *D 77*

NAME *Pangira Lisa*

Lat

Client Copy

Dear Sir,

Mr Graham
Children Act 1948
Children with foster-parents

23 7. 68

D/birth _____

For your information I have to advise you that the above-named
Michelle child/ren was/were placed in the care of _____ *11 3 64*
2001 / 16/11/66

on _____ *Miss Jackson,*

69 *123.7.68* Yours faithfully,
John H. [Signature]
Children's Officer.

The Medical Officer of Health,

Mr Graham

23/4/68

Dear Sir,

The Boarding-out of Children (Scotland) Regulation, 1959.

In terms of Regulation 11(2) I have to inform you that the undernoted child/ren was/were placed in the care of Mrs. Harries
1916 Pitt Street
on 23/4/68.

Yours faithfully,

Children's Officer.

Name	Date of Birth	Rel.	Notes
<i>John</i>	11.5.61	<i>M</i>	<i>Burghhead Primary</i>
<i>Simon</i>	20.12.62	<i>M</i>	

The Director of Education,

Mrs Graham 23.7.68

Dear Sir/Madam,

The Boarding-out of Children (Scotland) Regulations 1959

In terms of Regulation 11(3), I have to inform you that the undernoted child/ren was/were placed in the care of Mrs J. Talbot,
69 Portland Road, Prot/R.C.
Barnhill
on 23.7.68.

Yours faithfully,

John H. Macdonald
Children's Officer.

NAME	SEX	DATE OF BIRTH	RELIGION
Lisa Talbot	F	11.5.64	Int.
Christine Talbot	F	29.5.66	Prot.

The Children's Officer,

John H. Macdonald

EDINBURGH CORPORATION

FATHER'S NAME		CHILDREN DEPARTMENT					
ADDRESS		NAME OF CHILD	C.P. No.	Sex	D.O.B.	Re.	DISPOSAL/PLACED
		CARL	274	M	11.5.61	P	S.7.130 23.7.68
MOTHER'S NAME MARION PANZICA		MICHAEL	275	M	20.12.62	P	'
ADDRESS 18/4 SOUTH HOUSE MEDWAY		MICHELLE	276	F	11.5.64	P	'
		LISA	277	F	29.5.66	P	'
REASON FOR APPLICATION							
MOTHER to go to hospital							
<p style="text-align: center;"><i>Carl - Michael - Michelle - Lisa</i></p>							
DATE ADMITTED	23.7.68	23.7.68	23.7.68	23.7.68			
BROKEN WK. DAYS	1	1					
DAILY RATE							
WEEKLY RATE							
DATE CEASED	29.7.68	29.7.68	29.7.68	29.7.68			

CHILDREN DEPARTMENT						
FATHER'S NAME	NAME OF CHILD	C.P. No.	Sex	D.O.B.	Age	DISPOSAL PLACED
ADDRESS 84 Southouse Med Way	CARL	D74	M	11.5.61	0	5.7.68 23.5.68
	MICHAEL	D75	M	20.12.61	0	
	MICHELLE	D76	F	11.5.62	0	
	LISA	D77	F	29.5.65	0	
REASON FOR APPLICATION						
MOTHER TO HOSPITAL 23-7-68 WARD 15 ROYAL INFIRMARY						
REFERRED BY Mrs Price social worker						
NAME AND ADDRESS OF DOCTOR Dr Taylor, Brogston Road						
THE FOLLOWING INFORMATION IS ONLY REQUIRED WHEN IT IS ANTICIPATED THAT THE CHILDREN WILL BE IN CARE ON A LONG TERM BASIS						
FAMILY DETAILS	DATE OF BIRTH	MARRIED WIDOW MARIED DIVORCED	SINGLE APART	OCCUPATION	NAME AND ADDRESS OF EMPLOYER	
FATHER CARL PANZICA	15.6.39				-	
MOTHER NARION	27.8.35	legally separated	Wife		-	
DATE AND PLACE OF MARRIAGE Dec 2nd 1960 in New York						
IF PARENTS APART, GIVE DETAILS OF ANY COURT ORDERS, E.G. AFFILIATION SEPARATION, CUSTODY						
Awaiting divorce						
RELATIONS OR FRIENDS—GIVE NAME, ADDRESS, RELATIONSHIP						
M.G.F. MR GEORGE BROWN 86 Southouse Broadway 4 sisters - one expecting baby other three work (very little contact with family)						
NAME AND DATE OF BIRTH OF CHILDREN NOT BEING RECEIVED INTO CARE						
ANY FURTHER INFORMATION						
Mrs Panzica has to go to hospital on 23.7.68 for investigation - will be in for one week at least but possibly longer depending on result of investigation						

APPLICATION FOR RECEPTION INTO CARE

PARENTS DECLARATION AND AGREEMENT

- (1) I declare that the information given is correct.
- (2) I understand that I am obliged to contribute towards my child children's maintenance while in the care of the Corporation.
- (3) I understand that I should notify any change in my circumstances and inform the Children's Office of any change in my address.
- (4) I hereby give my consent to vaccination against smallpox, whooping cough, poliomyelitis, tuberculosis, diphtheria, and tetanus or any other disease and to any treatment, injection or operative measure considered necessary by a registered medical practitioner.

Date..... 1st Feb 1968.....

Signed..... *Madison Parry*.....

Witnessed..... *Elizabeth Todd*.....

PLEASE COLLECT NATIONAL HEALTH CARD