

Medical declaration to be completed by child's parent

Does your child have: (answer yes or no)	If yes please provide details including any treatment or medication:
Asthma	
Any allergies	
Any skin conditions	
Hearing impairment	
Visual impairment	
Any learning disability	
Any physical disability	
Any medical conditions?	
Taking any regular medication(s)?	
Been to see or had a referral to a hospital consultant in the last 6 months?	
I confirm that I have parental responsibility ¹⁰ for this child.	Signature of parent:
	Print Name:
Postal Address (if different from child)	
Parents Email Address	
Parents Telephone No.	
Date:	

I certify that to the best of my knowledge the details in this application are correct. I hereby apply for a licence under section 37 of the Children and Young Persons Act 1963:

Signature of applicant: (To be signed by person named on page 1)	
Date:	

¹⁰ As defined within section 3 of the Children Act 1989, 'parental responsibility' means all of the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property.