



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 for this child.	Signature of parent:
	Print Name:
Postal Address	
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:

Signed: _____ Dated: _____