



Nottinghamshire  
County Council

# Medical Questionnaire for Children Taking Part in Performances and Activities

TO BE COMPLETED BY THE CHILD'S PARENT OR CARER.

Please complete the **front page only** of this questionnaire carefully and in full. The information you provide is important to the Local Authority in deciding whether or not to grant a licence. When completed, return to:

**Inclusion Services, Home Brewery Building, Sir John Robinson Way, Arnold, Nottingham, NG5 6DA. Tel: (0115) 854 6464.**

**Please note it is important for this questionnaire to reach the Authority with the licence application form at least 21 days before the first date of performance.**

## Child

Surname: ..... Forename(s): .....

Address: .....

..... Postcode: ..... Daytime Tel: .....

Date of Birth: ..... School attending: .....

School telephone number: .....

## Medical Details

Name and Address of Family Doctor: .....

..... Postcode: ..... Tel: .....

Please answer the following questions as fully as possible.

1. Is your child in good health? **YES/NO**
2. Has your child ever suffered from, or does your child now suffer from any serious medical condition e.g. tuberculosis, asthma or bronchitis, heart condition, fits, fainting attacks or blackouts, any sight/hearing defect, diabetes or any recent surgical operation? **YES/NO.** If **YES** please give more detail:

**As parent/carer of the child named in this form, it is your duty to keep the Local Authority informed of any subsequent change in the child's medical condition. Your failure to do so may result in rendering any licence void.**

**It may be necessary for your child to be called for a medical. You should accompany your child. Always contact the clinic if your child cannot attend. Your child's employment can be terminated if you fail to keep medical appointments.**

I/We declare that to the best of my/our belief, the above information is true and I/we hereby authorise a school medical officer to seek from the child's general practitioner, **(where necessary)**, any information relating to the child's previous medical condition which may be relevant to his/her employment.

Signed: .....(Parent/Carer) Date: .....

Name in Capitals: .....

## Medical Details :

**Please delete as appropriate:**

1. *I have examined the medical records/questionnaire of the above named child and I am not aware of any reason why a licence should be withheld on medical grounds.*
2. *I have examined the medical records of this child and I recommend that a medical examination should be arranged before a licence is issued.*
3. *Any other comments:*

*I certify that, in my opinion, employment in accordance with the provisions of the Byelaws and Regulations governing Children in Employment will/will not be prejudicial to the health or physical development of this child and will/will not render this child unfit to obtain the proper benefit from the education provided.*

Date: ..... Signed: ..... (School Doctor)

BLOCK CAPITALS: .....

## For Office Use Only

*Production*

*at*

*Duration*

*Number of performing days*

*Absence from school with leave*