



EDUCATION SERVICES
APPLICATION FOR CHILD PERFORMANCE LICENCE – HEALTH CERTIFICATION

Upon completion of **all three Sections** the parent must send this Form to: The Education Welfare Service, Education Services, Berneslai Close, Barnsley S70 2HS (For The Attention of Margaret Hutchinson). When the Form is returned it must be attached to the APPLICATION FOR CHILD PERFORMANCE LICENCE

SECTION 1 PUPIL DETAILS – To be completed by the parent

Surname _____ Date of Birth _____

Forename(s) _____ Male/Female (Please Circle)

Address _____

_____ Post Code _____

Telephone _____ School Attending _____

SECTION 2 CHILD'S HEALTH DETAILS – To be completed by parent

| | | | | | | |
|----|--|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| a) | Does the child suffer from | YES | NO | | YES | NO |
| | 1) Epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> | 3) Asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2) Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | 4) Heart Disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | Has this child previously suffered any of the above? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | Has this child suffered any serious illness or injury other than the above? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | If YES, please give details _____ | | | | | |
| d) | Does this child have any congenital abnormality? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | If YES, please give details _____ | | | | | |
| e) | Has this child been in contact with any infectious or contagious conditions during the past 3-4 weeks? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| f) | As far as you know, is your child in good health at the moment? | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SECTION 3 HEALTH CERTIFICATION AND PARENT DECLARATION – To be completed by the GP or Parent
PLEASE READ THE ADVICE BELOW.

*a) There is no reason for me to believe that the above child is not physically fit and that taking part in the said performance will adversely affect their health, physical development or education.

*b) In my opinion, taking part in the said performance will have a detrimental effect on this child benefiting fully from their education.

* **Delete as applicable**

Signed _____ GP or Parent

Date _____

ADVICE:

Parents are advised to check with their GP that the child is physically fit to take part in the said performance for which the application is being made, and request the GP to sign Section 3.

Where a parent signs in Section 3 they are accepting responsibility for their child taking part in the said performance.