

CHILDREN AND YOUNG PERSONS ACT 1933 (AS AMENDED)
PARENTAL DECLARATION OF HEALTH – CHILD EMPLOYMENT PERMIT

Child Surname _____ Child First Name _____

Child DOB _____ Gender (please tick) **male** **female**

Current Home Address _____
 _____ Post code _____

Parent Surname _____ Parent First Name _____

Address (if different to child) _____
 _____ Post code _____

Relationship to child (please tick) **mother** **father** **Other** (please state) _____

Home tel _____ Mobile tel _____

Email address _____

1. Is this child in good health? Yes No

2. *Is the child currently attending the doctor for any reason?
 If YES, please give details overleaf. Yes No

3. *Does the child have any treatment/medication prescribed regularly by
 the doctor? If YES, please give details overleaf. Yes No

4. *Has the child ever suffered from a nervous or similar illness?
 If YES, please give details overleaf. Yes No

5. *Has the child ever suffered from tuberculosis, epilepsy, or fits?
 If YES, please give details overleaf. Yes No

6. Will the employment or hours be detrimental to the child's health? Yes No

7. Will the employment or hours affect the child's ability to take full
 advantage of his/her education? Yes No

GP name _____ Tel.No. _____

Surgery Address _____

If it is necessary for the School Medical Officer to communicate with my Doctor or Consultant, I authorise them to reply to any query concerning the child's health or medical history. I understand that the Bye-Laws may require my child to attend a medical examination arranged by the Local Authority, should it be deemed necessary.

Name _____ Signature _____ Date _____

If you have ticked "YES" to any of the questions marked with an asterisk * overleaf, please provide additional details below. If you have ticked "NO" to these questions, please leave blank.

2. Is the child currently attending the doctor for any reason?

3. Does the child have any treatment/medication prescribed regularly by the doctor?

4. Has the child ever suffered from a nervous or similar illness?

5. Has the child ever suffered from tuberculosis, epilepsy, or fits?