



**CHILDREN IN ENTERTAINMENT**

**MEDICAL QUESTIONNAIRE**

CHILD'S NAME (IN FULL) .....

ADDRESS .....

.....

TELEPHONE NUMBER .....

SCHOOL .....

DATE OF BIRTH .....

1. Has your son/daughter ever had any serious illness, operation or accident? If so, please give details.	
2. Has he/she had any illness during the past year? If so, give details.	
3. Does he/she have any difficulty with: a) Balance b) Eyesight	
4. Are you aware of any problems of behaviour, any undue nervousness, any defect of speech, any tendency to fits or fainting attacks? If so, please give details.	
5. Does your child require any medicines, diet or special treatment about which the doctor should be informed?	

PERFORMANCE NAME .....

REHEARSAL DATES .....

PERFORMANCE DATES .....

AND WOULD INVOLVE ABSENCE FROM SCHOOL AS ABOVE WHERE NECESSARY.

DATE ..... SIGNATURE .....

(PARENT/GUARDIAN)

**Please turn sheet over**

On the information provided, I, hereby certify that \_\_\_\_\_ (child's name) may be employed in the manner stated without prejudice to his/her health or physical development, and that the employment will not prevent the child benefiting from his/her education.

DATED .....

SIGNED .....  
PARENTS, DOCTOR OR SENIOR MEDICAL OFFICER

**NOTE:**

A licensing authority has discretion under Reg.2 to require a child to be medically examined if they think an examination necessary before deciding whether to grant a licence.

Reg.8 makes a medical examination compulsory before a licence is granted for any film or TV performance, or for a series of other performances lasting more than a week and in which the child is to perform on 6 days in a week (5 days in the case of sound recording).