

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, please give details.	
3. Does he/she have any difficulty with a) hearing or 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)

FOR OFFICE USE ONLY

On the information provided, I, hereby certify that the above child 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 THEDAY OF.....200.

SIGNED.....SENIOR MEDICAL OFFICER