# Part 2 and Medical Declaration

This form needs to be completed by the parent or carer of the child and uploaded as part of the application form for the Child Performance and Activities Licence by the applicant.

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| 1. Child’s name:
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| 1. Child’s home address:

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| 1. Child’s date of birth:
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| 1. Name and address of the school the child currently attends:

OR If the child is not attending school, the name and address of the child’s private teacher:  |   |
|   |
| 1. Details of each licence in relation to the child granted during the 12 months preceding the date of the application by any local authority, or in Scotland, any education authority, other than Camden.
 |
| 1. The name of the authority:

  |   |
| 1. The date the licence was granted:

  |   |
| 1. The dates and nature of performances or activities:
 |   |

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| 1. Details of each application in relation to the child for a licence refused by any authority other than Camden in the last 12 months.
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| 1. The name of the local authority or education authority:
 |   |
| 1. The reasons (if known) for the refusal to grant a licence:
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| 1. Details of any performances for which a licence was not required in which the child took part during the previous 12 months.
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| 1. The date of the performance:

  |   |
| 1. The number of days of performance:
 |   |
| 1. The title of the performance:

  |   |
| 1. The name and address of the person responsible for the production:
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| 1. Dates (if any) on which the child has been absent from school during the 12 months preceding the date of the application by reason of taking part in a performance or activity:
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| 1. Amount of any monies earned by the child during the last 12 months, stating whether the monies earned were in respect of performances or activities for which a licence was granted or a performance for which a licence was not required:
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## Medical declaration

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| Does your child have: *(answer yes or no)*  | If yes please provide details including any treatment or medication:   |
| Asthma  |   |
| Any allergies  |   |
| Any skin conditions  |   |
| Hearing impairment  |   |
| Visual impairment  |   |
| Any learning disability  |   |
| Any physical disability  |   |
| Any medical conditions?  |   |
| Taking any regular medication(s)?  |   |
| Been to see or had a referral to a hospital consultant in the last 6 months?  |   |
| I confirm that I have parental responsibility for this child.   | Signature of parent:   |
| Print name:Date: |
| Home address (if different from the child)   |   |
| Parent’s email address  |   |
| Parent’s mobile number  |   |