

**STATEMENT OF FITNESS
MEDICAL DECLARATION TO BE COMPLETED BY CHILD'S PARENT**

STUDENT NAME _____

Does your child have any of the following?	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	
Parent's email address	
Parent's telephone number	

I/WE CONFIRM THAT MY/OUR CHILD IS FIT AND HIS/HER HEALTH WILL NOT SUFFER BY TAKING PART IN PERFORMANCES. I/WE UNDERTAKE TO INFORM YOU OF ANY MATERIAL CHANGE TO MY/OUR CHILD'S HEALTH.

Signature (Parent/guardian)	
Date	