**Statement of Fitness**

**Medical declaration to be completed by child’s parent**

|  |  |
| --- | --- |
| **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 |  |
| Date |  |

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 |  |

**Copy to be retained by the organisation applying for a Body of Persons Approval. To be produced on the request of any duly authorised officer of Hertfordshire County Council.**