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

|  |  |
| --- | --- |
| 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[[1]](#footnote-1) for this child. | Signature of parent/carer: |
| Print Name: |
| Postal address (if different from child) |  |
| Parent/Carer email address |  |
| Parent/Carer telephone No. |  |
| Date: |  |

1. As defined within section 3 of the Children Act 1989, ‘parental responsibility’ means all of the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property. [↑](#footnote-ref-1)