



Licensing and Business Milton Keynes Council, 1 Saxon Gate East, Milton Keynes, MK9 3EJ  
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**APPLICATION FOR A CHILD PERFORMANCE LICENCE**  
CHILDREN & YOUNG PERSONS ACT 1963, S.37 Reg 3(2)  
THE CHILDREN (PERFORMANCES AND ACTIVITIES)(ENGLAND) REGS 2014

**Parental Medical Declaration**

**To be completed, in block letters, by the parent/guardian and returned to the producer of the performance.**

Name of child ..... Date of birth ..... Sex of child M/F

Address .....

..... Tel No .....

School .....

Family Doctors Name .....

Address .....

**\*Please answer all the following questions by circling the correct answer.**

Does your child have any of the following?

- Asthma or chest trouble YES/NO
- Heart trouble YES/NO
- Skin problems YES/NO
- Diabetes YES/NO
- Fits or epilepsy YES/NO
- Physical disability YES/NO
- Does your child take any regular medication? YES/NO
- Does your child have hearing problems? YES/NO
- Does your child have poor vision? YES/NO
- Is your child attending a hospital specialist? YES/NO
- Is there anything you would like the doctor to know? YES/NO

Please give details (use overleaf if necessary)

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I consider my child fit to undertake this work YES/NO

**Full Name of Parent/Guardian ..... Relationship to Child .....**

**Signature ..... Date .....**

*\*on the basis of these answers the authority may require further information or examination by a medical practitioner.*

**Note to parents, please return the completed certificate to the agent or person responsible for the production. Please do not return it directly to the Council.**