

Child Health Questionnaire

Child's details:

Full name: Male/Female Date of Birth

Address:

..... Tel No

School:

1 Do you have any concerns about your child's health? If yes, please give details.
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.....

2 Does your child have any difficulties with hearing or eyesight?
.....

3 Is your child taking any medication? If yes, please state what it is.
.....

4 Are there any other problems that you feel we should know about?
.....
.....

5 Which General Practitioner is your child registered with?
Name:
Address:

6 Is your child under the care of a hospital consultant? If yes, please give details.
.....

Parent/guardian details (please use block capitals)

Title: Full Name:

Relationship to child:

Address and Tel no. (if different from above):
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Signed: Date:

Please return to: Child employment/entertainment officer
Education Welfare Service
The Newcastle Springfield Centre
Off Blakelaw Road
Newcastle upon Tyne NE5 3HU Tel: 0191 277 4500

Please note that performance licences cannot be issued unless this form has been completed or a medical certificate obtained from a doctor.