

YOUNG PERSONS EMPLOYMENT ABROAD

The Children (Performances and Activities) (England, Scotland and Wales)
Regulations 2014

Parent Medical Declaration

Child's full name:

Address (including postcode):
.....
.....

Child's DOB: ____ / ____ / ____

Place of birth:

Nationality:

Mother/Guardian* full name:
.....

I am the Parent / Guardian* of

Address (including postcode):
.....
.....

Father/Guardian* full name:
.....

I am the Parent / Guardian* of

Address (including postcode):
.....
.....

I/We* being the parent of

born (DOB) ____ / ____ / ____ in (place of birth)

certify that he/she* is of good health and fit for the purpose of travelling and
working/filming abroad between the dates of ____ / ____ / ____ and ____ / ____ /
____ in order to participate in the production of:

.....
Proper provision has been made to secure his/her* health, kind treatment, and adequate
supervision while abroad, and his/her* return from abroad at the expiration or revocation of
the licence.

* (delete as appropriate)

Signed –

Mother/Guardian*:

Date:

Father/Guardian*:

Date: