

**CHILDREN TAKING PART IN PUBLIC ENTERTAINMENT
The Children (Performances) Regulation 1998 as amended:**

Section 8

CERTIFICATE OF HEALTH

TO: The Parent

Ihereby give consent to the Doctor to give out the below information.

Signed: (The Parent)

TO: The Doctor

The child/ren stated below has/have been requested for performance/modelling work, and in order to obtain his/her licence we would be obliged if you could complete the information below and return it as soon as possible to the Parent/Guardian.

Child/ren's Full Name:

Date of Birth:

I, the Doctor of confirm that it is my belief that the child/ren above is/are fit and healthy, and may be employed to take part in performances (ie filming, modelling etc).

Signed: (The Doctor)

Name:

Date:.....

Stamp:

THIS DOCUMENT MUST BE CERTIFIED WITH THE DOCTOR'S SURGERY STAMP