



DECLARATION OF HEALTH (CONFIDENTIAL RECORD)

STUDENT'S NAME

Deal DAPA / Dover DAPA / Canterbury DAPA – delete as necessary

1. Has the student ever had a serious illness, operation or accident? If so please give details?	
2. Has the student had an illness during the past year? If so, please give brief details.	
3. Does he/she have any difficulty with hearing or eyesight?	
4. Does he/she suffer from fits or fainting attacks?	
5. Does the student require any medicines, diet or special treatments about which we should be aware?	
6. Does the student suffer from any allergies?	

Doctor

Surgery Address

.....

..... Tel No:

Students over 18 years of age

I confirm that I am fit and healthy and see no medical reason why I cannot take part in dance/drama/singing training, or theatre appearances.

Signed

Date

Name (Please print)

Parents signing for Students under 18 years of age

I confirm that my child is fit and healthy and see no medical reason why he/she cannot take part in dance/drama/singing training, or theatre appearances.

Signed (Parent/Guardian)

Date

Name (Please print)