

# CHILD EMPLOYMENT DECLARATION FORM

FOR COMPLETION BY CHILD'S PARENT/CARER



Child's details			
Child's Full Name			
Date of Birth		Age	Gender
Home Address			
Parent/Carer's details			
Parent/Carer ONE	Name		
	Relation to child		
	Address (if different to the child)		
	Telephone Number		
	Email Address		
	Primary or Emergency		
Parent/Carer TWO	Name		
	Relation to child		
	Address (if different to the child)		
	Telephone Number		
	Email Address		
	Primary or Emergency		
Education Details			
Name of School			
School day times			
School Email Address			
If Home Educated: Name of Private Tutor			
If not currently in education: Reason(s) why			
Medical details			
Name of Doctor			
Address of Doctor			
Does your child have any of the following:			
Allergies or intolerances?			
Any medical conditions?			
Disabilities?			
Take any regular medication?			

## DECLARATION BY PARENT/CARER:

I declare that I have parental responsibility for the child named above and consider the child to be fit to undertake employment and do not believe that it will affect their health, wellbeing or education. I give my permission for such employment to be carried out subject to the Derbyshire County Council byelaws governing the employment of children. Where it is considered necessary I authorise the school medical officer to seek information from the family doctor named above.

Name	
Relation to the child	
(E)Signature	
Date	

For more information about children in employment, please visit our website.

[Derbyshire County Council – Child Employment and Entertainment Service](http://www.derbyshire.gov.uk/child-employment)

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