

FIT 4 LIFE (CUMBRIA) CHILD PAR-Q SCREENING FORM AND INFORMED CONSENT

CHILD'S NAME:

PARENTS / GUARDIANS NAME:

ADDRESS:

POSTCODE:

CHILD'S DATE OF BIRTH:

CURRENT AGE:

EMERGENCY CONTACT NUMBERS

HOME: Name and relationship to child:

WORK: Name and relationship to child:

MOBILE: Name and relationship to child:

HEALTH QUESTIONS

Please circle

Does your child have or ever experienced the following?

High or Low Blood Pressure	y / n
Elevated Blood Cholesterol	y / n
Diabetes	y / n
Chest pains brought on by physical exertion	y / n
Childhood Epilepsy	y / n
Dizziness or Fainting	y / n
A bone, joint or muscular problem or arthritis	y / n
Asthma or other respiratory problems	y / n
Any sustained injuries or illnesses	y / n
Any allergies	y / n
Is your child taking any medication	y / n
Has your Doctor ever advised your child not to exercise	y / n
Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?	y / n

If you have answered YES to any of the above questions, please write full details here:

Any special dietary needs for your child?

Please Turn Over

In signing this form, I the parent / guardian of the afore mentioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge.

I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, they would cease participation and inform the Instructor.

In the event that medical clearance must be obtained prior to my child's participation in an exercise session, I agree to contact their GP and obtain written permission prior to the commencement of the exercise activity and that this permission be given to the Instructor.

I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity and in the event of suspension from the activity, no refund will be given. If my child repeatedly misbehaves or displays any behaviour deemed to be gross misconduct, he or she will be permanently suspended from all Fit 4 Life (Cumbria) activities.

Parent or Guardian Signature: _____

Please Print Name: _____

Date: / /

Taken From Central YMCA Qualifications, January 2005, Instructing Health Related Exercise for Children



Telephone: 01900 814782

Fit 4 Life (Cumbria), Welfare Hall, Main Road, Grasslot, Maryport