

# CHILDRENS PARQ SCREENING FORM

Childs Name:		
Parents / Guardians Name:		
Address:		
Childs DOB:		Current Age:
1. Emergency Contact Numbers:	2. Emergency Contact Numbers:	3. Emergency Contact Numbers:
Home:	Home:	Home:
Work:	Work:	Work:
Mobile:	Mobile:	Mobile:
Name and Relationship to Child:	Name and Relationship to Child:	Name and Relationship to Child:
<p><b><u>Health Questions</u></b></p> <p><b>Does your child have or ever experienced the following:</b></p> <ol style="list-style-type: none"> <li>1. High or Low blood pressure.</li> <li>2. Elevated blood cholesterol.</li> <li>3. Diabetes.</li> <li>4. Chest pains brought on by physical activity.</li> <li>5. Epilepsy.</li> <li>6. Dizziness or Fainting.</li> <li>7. Bone, Joint or Muscular problems.</li> <li>8. Asthma or any other respiratory problems.</li> <li>9. Allergies.</li> <li>10. Any sustained injuries.</li> <li>11. Taking any medication.</li> <li>12. Has your Doctor ever advised your child not to exercise?</li> <li>13. Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?</li> </ol> <p><b>If you have answered YES to any of the above questions, please give full details here:</b></p>		<p><b>Please Circle Yes or No</b></p> <p>Y / N</p>

## **Parents Consent Form**

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 questions accurately and to the best of my knowledge.

I understand that my child is responsible for monitoring him/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 any exercise class, I agree to contact their GP and obtain written permission and be given to the instructor.

I understand that if my child fails to behave in a manner that is appropriate, he/she could be suspended from the activity.

**Parent or Guardian:**

**Name:**

**Signature:**

**Date:**