

# CHILDREN PAR-Q SCREENING FORM

**SESSION DATE/ TIME .....**

CHILD'S FULL NAME.....

PARENT/GUARDIAN NAME.....

ADDRESS:.....

.....POSTCODE.....

CHILD'S DATE OF BIRTH.....CURRENT AGE.....

EMERGENCY CONTACT NUMBER:.....

RELATIONSHIP TO CHILD.....

HOME:.....WORK.....

MOBILE.....EMAIL.....

## HEALTH QUESTIONS

DOES YOUR CHILD HAVE OR HAS HE/SHE EVER EXPERIENCED THE  
FOLLOWING: PLEASECIRCLE

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 PROBLEMS WITH ARTHRITIS Y / N

ASTHMA OR OTHER RESPIRATORY PROBLEMS Y / N

ANY SUSTAINED INJURIES OR ILLNESS 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, PLEASE GIVE FULL DETAILS BELOW

In signing this form, I the parent/guardian of the aforementioned 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, would cease participation and inform the instructor.

I understand that if my child is below the age of six years, I the parent/guardian am responsible for monitoring him or her within their activities.

In the event that medical clearance must be obtained prior to my child's participation in an exercise session, I agree to contact the 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 the course.

Parent or guardian signature:.....

Print Name:.....

Date:.....