



Child PAR-Q Screening Form

Child's Name:		Date:
Parent/Guardian's Name:		
Child's Age:	D.O.B. (dd/mm/yyyy):	

Emergency contact name:		Relationship:	
Contact numbers:	Mobile:	Home:	Email:

Address:	Postcode:
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Health Questions		
Does your child has or has ever experienced the following?	Please tick	
	Yes	No
High or Low Blood Pressure		
Elevated Blood Cholesterol		
Diabetes		
Chest pain brought on by physical exertion		
Childhood Epilepsy		
Dizziness or Fainting		
A bone, joint or muscular problem and /or arthritis		
Asthma or any other respiratory problem		
Any sustained injuries or illnesses		
Any allergies		
Is your child taking any medication?		
Has your Doctor ever advised you child not to do exercise?		
Is there any other reason not mentioned above why any type of physical activity may not be suitable for your child?		
If you have answered YES to any of the above questions, please write full details here:		
Any special dietary needs for your child:		

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

I understand that my child is responsible for monitoring him or herself throughout the activity, and should any unusual symptoms occur, he/she 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 them 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 his/her GP and obtain written permission before the commencement of the exercise activity and to give this permission to the instructor.

I understand that if my child fails to behave in a polite and social manner, he/she could be suspended from that particular session.

Parent / Guardian Signature:

Print Name:

Date: