

CHILD'S PRE-EXERCISE SCREENING PAR-Q

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's details

Name

Address

Postcode

Date of birth

Age

Date

Parent/guardian

Person to contact in case of emergency

Name

Relationship

Tel daytime

Mobile

Health questions

Does your child have or have they ever experienced any of the following:

High or low blood pressure	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Elevated blood cholesterol	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Chest pains brought on by physical activity	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Childhood epilepsy	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Dizziness or fainting	No <input type="checkbox"/>	Yes <input type="checkbox"/>
A bone, joint or muscular problem with arthritis	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Asthma or other respiratory problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Any sustained injuries or illness	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Any allergies	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your child taking any medication	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Has your doctor ever advised your child to exercise	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is there any reason not mentioned above why any type of physical activity may not be suitable for your child	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If you answered yes to any of the previous questions, please write full details here:

Formal declaration

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 declare to the best of my knowledge of no reason why my child should not participate in a personalised programme entirely at their own risk and waive any legal recourse for damages or property arising from their participation.

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.

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, and does not abide by ace lifestyle regulations, he or she could be removed from that particular activity.

Parent/guardian signature

Date

Please Print Name