



Children's PAR-Q Screening Form

Childs name:

Parent/guardian name:

Address:

Postcode:

Childs Date of Birth:

Current Age:

Emergency Contact Details:

Home:	Name and relationship to child:
Work:	Name and relationship to child:
Mobile:	Name and relationship to child:

Health Questions:

Does your child have or has he or she ever experienced any of the following?	Please Circle
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 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 to exercise	Y / N
Is there any reason not mentioned above why any type or physical activity may not be suitable for your child	Y / N

If answered 'YES' to any of the above questions please give full details here:

Any Special dietary needs for your child?

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, any should any unusual symptoms occur, would ease participation and inform the instructor.

I understand that if my child is under 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 before 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 the 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.

Parent/guardian's signature:

Please print name:

Date:

Email address: