

## Child Health Screen

Dear Parent or Carer

Your child will soon be starting an exercise class. As part of the health and safety structure of the class, medical details of your child are required. These will be kept by Samantha Ayers (Director) at all times and will not be passed on to any person other than class tutors/coaches or a medical professional in the case of an emergency.

Please read the questions carefully and answer each one honestly on behalf of your child. **Tick YES or NO.**

Questions:	Yes	No
1. Has your doctor ever said that your child has a heart condition and that (s)he should only do physical activity recommended by a doctor?		
2. Does your child feel pain in his/her chest when doing physical activity?		
3. In the past month, has your child had chest pain when not doing physical activity?		
4. Does your child lose his/her balance because of dizziness <b>or</b> has your child ever lost consciousness?		
5. Does your child have a bone or joint problem that could be made worse by a change or increase in physical activity?		
6. Is your child's doctor currently prescribing medication for your child?		
7. Does your child have epilepsy?		
8. Does your child have diabetes?		
9. Does your child have any other condition that may affect his/her ability to start physical activity or increase the amount of physical activity currently undertaken?		
10. Does your child have a <u>special need</u> that we may need to understand in order to help your child enjoy, benefit and learn from the class? For example: Autism, hearing or sight issues etc.		
11. Do you know of any other reason why your child should not do physical activity?		

If you answered **yes** to any of the questions, please include further details here, e.g. name of condition, medication prescribed etc.

**Please ensure that your child has any required medication with them at all times, e.g. asthma inhalers.**

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship with child: \_\_\_\_\_

Your E-Mail: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print YOUR full name:** \_\_\_\_\_

Do you object to your details being stored on computer (for our use only)? Yes/No

If you have any questions or doubts, please do not hesitate to call me on the above number.

Samantha Ayers