



Children's PAR -Q Screening Form

Childs Name:		Class	
Current Age:		Date of Birth	

Emergency Contact Name	
Telephone Number	
GP Surgery	
GP Telephone Number	

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
Chest pains brought on by physical exertion	Y / N
Childhood epilepsy	Y / N
Dizziness or fainting	Y / N
Any 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 not 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 you have answered 'YES' to any of the above questions please give full details here and seek medical clearance prior to the session.

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 along with the coach is responsible for monitoring him or herself throughout any activity, and should report any unusual symptoms.

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 coach. 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 Name	
Parent/Guardian Signature	
Parent/Guardian Email Address	
Date	