



Student Physical Activity Health Screening Consent Form

The purpose of this form is to ensure that we provide every participant with the highest level of care based on their individual needs. Completion of this questionnaire is mandatory and your child cannot participate in any Priory Leisure exercise session until it has been submitted to a Priory Leisure staff member.

Student Name:	Students DOB:
Parent/Guardian Name:	Students Form Group:
Address:	
Emergency Contact Name:	
Relationship to the Student:	
Contact Number:	Email:

Health Questions:

Does your child have or has he/she ever experienced any of the following? Please tick box

Has a doctor ever informed you that your child has a heart condition?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Diabetes?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Chest pains brought on by physical exercise?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Epilepsy?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Dizziness or fainting?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
A bone, joint or muscular problem?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Asthma or respiratory problems?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Any allergies?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Is your child taking medication?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Is there any reason not mentioned above why your child should not participate in physical activity?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>



If you answered 'Yes' to any of the above questions please provide details below:

Please Note:

In the event that medical clearance must be obtained before my child's participation in an exercise session, I agree to contact my GP and obtain written permission prior to the commencement of the exercise activity, and that the permission is given to the Priory Leisure staff.

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety; I have answered the questions accurately and to the best of my knowledge and will inform Priory Leisure in writing of any future changes.

Parent/guardian's signature:

Date:

Print name:

Instructors Signature:

Date:

Print Name: