



# Children's Health Screening Form

<b>Childs First Name</b>	<b>Childs Surname</b>
<b>Date of Birth</b>	<b>Age</b>

<b>Address</b>	<b>Emergency Contact</b>
	Name: _____ No. _____
	Relationship to child: _____

<b>Does your child have or ever experienced the following</b>	<b>Yes</b>	<b>No</b>
1. High blood pressure		
2. Elevated blood cholesterol		
3. Diabetes		
4. Childhood epilepsy		
5. Dizziness or fainting		
6. A bone, joint or muscular problem or arthritis		
7. Asthma or respiratory problems		
8. Any sustained injuries or illnesses		
9. Any allergies		
10. Is your child taking any medication		
11. Has your doctor ever advised your child not to exercise		
12. Does your child have ADHD		
13. Is there any reason not mentioned above why any type of physical activity may not be suitable for your child		

**If you answered yes to any of the above please give details here:**

**Declaration**  
 In signing this form, I the parent/guardian of the afore mentioned 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 the activity and should any unusual symptoms occur, they would cease participation and inform the instructor.

In the event that a medical clearance must be obtained prior to my child's participation in any activity session, I agree to contact my GP and obtain permission prior to commencement of the activity and that this permission be given to the instructor.

**Parent / Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photographs / Videos may be taken during the program for promotional reasons.**

<b>Revision No.</b>	<b>Document Author</b>	<b>Date</b>	<b>Page No.</b>
1.0	Aidan McCarthy	25.08.2013	1