

Health Questionnaire – Progress Fitness – Under 16s

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|---|---|
| Name: | Date of Birth: |
| Parent or Guardian's Name: | Parent's email: |
| Emergency Contact Name and Number 1: | Emergency Contact Name and Number 2: |

| Does your child have, or have they ever experienced the following: | |
|---|-----|
| A heart condition | Y/N |
| Any chest pain during exercise | Y/N |
| Diabetes | Y/N |
| Epilepsy | Y/N |
| Dizziness or fainting | Y/N |
| Any bone, joint or muscular problems including juvenile arthritis | Y/N |
| Asthma or other respiratory problems | Y/N |
| Any other relevant condition or injury | Y/N |
| Any allergies | Y/N |
| Is your child taking any medication? | Y/N |
| Is there any reason not mentioned above why exercise may need to be adapted for your child? | Y/N |

If you answered 'yes' to any of the questions above, please give further information here, please also give details of anything else that you feel I should be aware of:

In signing this form, I, the parent/guardian of the aforementioned child, confirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge.

I give permission for my child to take part in exercise activities.

I understand that my child should monitor him or herself throughout any activity, and if any unusual symptoms occur, they should stop.

Children aged 14 or 15 years can attend classes without a parent. Some classes may be suitable for younger than 14 years (please ask), but only when attended with a participating, paying adult.

I will add your email to my monthly newsletter so that you know if the class is ever off. If you prefer not to receive this please email Lynne at progressfitness@live.co.uk. Please also feel free to email me at this address if you have any questions.

Please check that your child wears appropriate footwear such as trainers, brings a water bottle and any jewellery should be removed.

Parent or guardian, signature: _____ Date: _____

Please print name: _____