



Physical Activity Readiness Questionnaire

To Be Completed by a Parent/Guardian of Child

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

Where did you hear about these classes? _____

		Please choose	
1	Has your doctor ever said that your child has a heart condition and that your child should only do physical activity recommended by a doctor?	YES	NO
2	Does your child ever experience chest pain during physical activity?	YES	NO
3	Does your child ever lose balance because of dizziness or do they ever lose consciousness?	YES	NO
4	Does your child have a bone or joint problem that could be made worse by a change in their physical activity participation?	YES	NO
5	Does your child have uncontrolled asthma (i.e. asthma that is not easily controlled by an inhaler)?	YES	NO
6	Is your doctor currently prescribing any medication for your child's blood pressure or a heart condition?	YES	NO
7	Is your child currently taking any medication of which the instructor should be made aware? If so, what? _____ Reason _____	YES	NO
8	Do you know of any other reasons why your child should not undergo physical activity? This might include diabetes, a recent injury, or serious illness.	YES	NO
9	Is there any other reason why you should not participate in physical activity? If so, what? _____	YES	NO

If you have answered NO to all questions then you can be reasonably sure that your child can take part in the physical activity requirement of this project.

Please note: If your child's health changes so that you can answer YES to any of the above questions, please notify Liene or Marina, your fitness instructors and consult with your doctor regarding the level of physical activity that your child can participate in. _____

Is there anything else that we should know about your child that has not been addressed above? _____

NAME OF CHILD _____

CHILD DATE OF BIRTH _____ CHILD'S AGE: ____

PARENT/GUARDIAN NAME: _____

MOBILE: _____

HOME: _____

EMAIL: _____

EMERGENCY CONTACT NAME AND PHONE

Informed Consent

I hereby acknowledge that:

The information provided above regarding my child's health is, to the best of my knowledge, correct.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE

I will inform you immediately if there are any changes to the information provided above.

I give permission for my child to participate in your physical activity program.

Parent/Guardian Signature: _____

Date: _____