

CHILDREN'S HEALTH QUESTIONNAIRE



FITKIDS is FAB • FUN • FITNESS for children and there will be healthy benefits gained from joining in. However, FITKIDS needs to have medical clearance with you (and your local doctor if you tick yes to any of the points below) before your child starts. Anything written on this form will be held in confidence. Our instructors need to know these details in order to meet the specific needs of your child.

PLEASE PRINT CLEARLY

Child's name..... School Class..... Child's Date of birth
Home address..... Your name.....
Home phone..... Mobile phone..... Can I add you to Facebook group? Yes/No
My main source of contact is e-mail. Please include yours and your partner's (where appropriate). **Please write clearly**
E-mail 1.....E-mail 2.....

EMERGENCY CONTACT DETAILS

Tick here to include the above details + 2 further contacts

Name..... Relationship to child..... Tel 1.....2.....
Name..... Relationship to child..... Tel 1.....2.....

HEALTH QUESTIONS

Does your child have or has experienced any of the following?

Please circle the relevant answer

- | | | |
|----|---|----------|
| 1 | Diabetes | Yes / No |
| 2 | Chest pains brought on by physical exertion | Yes / No |
| 3 | Childhood Epilepsy | Yes / No |
| 4 | Dizziness or fainting | Yes / No |
| 5 | A bone, joint or muscular problem | Yes / No |
| 6 | Asthma or other respiratory problems | Yes / No |
| 7 | Any sustained injuries or illnesses that may be worsened by exercise | Yes / No |
| 8 | Any allergies (Please specify below) (inc. latex -the toning bands are made from latex) | Yes / No |
| 9 | Is your child taking any medication | Yes / No |
| 10 | Has your child ever had a heart problem? | Yes / No |
| 11 | Is there any reason not mentioned above why any type of physical activity may not be suitable for your child? | Yes / No |

Please write any further details (inc. medication information) here or continue overleaf

.....
.....
.....

- I will inform the instructors of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.
- In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified first aider to provide emergency treatment or medication.
- I understand that all accidents will be documented and I will be informed.
- I have been made aware that FITKIDS have developed a Safeguarding policy & they are committed to ensuring the safety of my child by having:
 - A code of conduct
 - Clear recruitment policy which includes vetting all instructors & volunteers
 - A photography/video policy
 - Disciplinary procedures
- I understand that if my child fails to behave in a manner that is polite and social, they will follow the traffic lights procedure. If my child is repeatedly on RED, unfortunately s/he may be asked to leave the club.
- FITKIDS will store the above information on the data base for a maximum of 12 months before re-registering the child if still associated with the club.
- By signing this form, I the parent/guardian of this child, agree to the above and confirm that I have read and answered the questions accurately and to the best of my knowledge.

Signed.....PRINT.....Date.....