

Children's PAR-Q Screening Form

Child's name: _____ Parent/Guardian name: _____

Health Questions:

Does your child have or has he or she ever experienced any of the following? (please circle Y for yes and N for no)

1. High or Low Blood Pressure Y / N
2. Elevated blood cholesterol Y / N
3. Diabetes Y / N
4. Chest pains brought on by physical exertion Y / N
5. Childhood epilepsy Y / N
6. Dizziness or fainting Y / N
7. Any bone, joint or muscular problems with arthritis Y / N
8. Asthma or respiratory Problems Y / N
9. Any sustained injuries or illness Y / N
10. Any allergies Y / N
11. Is your child taking any medication Y / N
12. Has your doctor ever advised your child to exercise Y / N
13. Is there any reason not mentioned above why any type or physical activity may not be suitable for your child Y / N

If you have answered 'YES' to any of the above questions, please give full details here and seek medical clearance prior to the session.

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and have answered the questions accurately and to the best of my knowledge. I understand that my child is responsible for monitoring himself or herself throughout any activity, and should any unusual symptoms occur, my child understands the importance of informing the trainer immediately.

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

I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity.

Parent/guardian's signature: _____ Date: _____

Please print name: _____

Email: _____