

Child's Name		Child's Date of Birth (DD/MM/YY)	
Home Address		Are there any reasons that you feel may affect the child's participation (e.g. physical, social, medical, learning difficulties)	
Parent/ Carer Name		Child's Ethnicity	
Telephone Number		Mobile Telephone Number	
Email		Gender	
Emergency Contact during programme time (Name, Telephone Number)		Family GP (Dr's Name, Surgery)	
Do you give permission for us to contact your GP if required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are there likely to be any other siblings attending with you to the programme. If so, can you specify their names and their ages	

Child Par Q

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

YES NO

- High or Low Blood Pressure
- Elevated blood cholesterol
- Diabetes
- Chest pains brought on by physical exertion
- Childhood epilepsy
- Dizziness or fainting
- Any bone, joint or muscular problems with arthritis
- Asthma or respiratory Problems
- Any sustained injuries or illness
- Any allergies
- Is your child taking any medication
- Has your doctor ever advised your child to exercise

Is there any reason not mentioned above why any type or physical activity may not be suitable for your child

If YES, please comment:

'Parent/ Guardian/ Carer' Physical Activity Readiness Questionnaire (PAR-Q)

YES NO

- Has your doctor ever said that you have a heart condition?
- Has your doctor stated that you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the last month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem
- Is your doctor currently prescribing any medication for you
- Do you know of *any other reason* why you should NOT do physical activity?

If YES, please comment:

SIGNED (Parent/ Guardian): _____

Print: _____

Date: _____

Please return all forms to;

Mike Rose
Wiltshire Council
County Hall
Bythesea Road
Trowbridge
Wiltshire
BA14 8JN

Or by email: healthyme@wiltshire.gov.uk

Telephone: 01225716674