



Instructor-led classes for children and young people from pre-school age to 18 years

## Par-Q: Child Health Questionnaire

Name of child/young person:		Age:
Address:		
Date of Birth:		
<b>Emergency contact information:</b>		
1 - Name of alternative adult:	Relationship to child/young person:	
Day time Tel No:	Mobile Tel No alternative adult:	
2 - Name of alternative adult:	Relationship to child/young person:	
Day time Tel No:	Mobile Tel No alternative adult:	
<b>Health Questions:</b>		
Does your child have or ever experience the following? <b>Please circle relevant answer</b>		
Diabetes	YES	NO
Chest pains brought on by physical exertion	YES	NO
Childhood epilepsy	YES	NO
Dizziness or fainting	YES	NO
A bone, joint or muscular problem or arthritis	YES	NO
Asthma or other respiratory problems	YES	NO
Any sustained injuries or illnesses	YES	NO
Any allergies	YES	NO
Is your child taking any medication	YES	NO
Has anyone in your family had a heart problem at a young age?	YES	NO



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Health Questions:		
Has your child ever been in hospital?	YES	NO
If yes, please give details here:		
Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?	YES	NO
If yes, please give details here:		
Are there any special dietary needs your child has?	YES	NO
If yes, please give details here:		
<ul style="list-style-type: none"> <li>In signing this form, I the parent / guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge</li> <li>I understand that all accidents will be documented, and that I will be informed</li> <li>I understand that if the instructor requires further information about my child's illness or disability in order to include him / her in activities I will endeavour to make sure this information is available to him / her</li> </ul>		
Signed:		
Date:		