

# Children's Physical Activity Readiness Questionnaire

Child Name:

Parent/guardian name:

Address:

Child date of birth:

Current Age:

## Health Questions

*Does your child have or has he/she ever experienced any of the following (please circle Y/N):*

High or low blood pressure	Y / N
Elevated blood cholesterol	Y / N
Diabetes	Y / N
Chest pains brought on by physical exertion	Y / N
Childhood epilepsy	Y / N
Dizziness or fainting	Y / N
A bone, joint or muscular problems with arthritis	Y / N
Asthma or other respiratory problems	Y / N
Any sustained injuries or illnesses	Y / N
Any allergies	Y / N
Is your child taking any medication?	Y / N
Has your doctor ever advised your child not to exercise?	Y / N
Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?	Y / N

If you have answered 'Yes' to any of the questions on pervious page, please provide full details here:

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.

I understand that my child is responsible for monitoring him or herself throughout the activity, and should any unusual symptoms occur, my child understands the importance of informing the instructor immediately.

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

I (the parent/guardian of the aforementioned child) accept responsibility for dropping off and collecting the aforementioned child for the start and end of the fitness session.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_