

Child/Adolescent Pre-Exercise Questionnaire



Important information for parents / guardians

The purpose of this form is to ensure we provide every child and / or adolescent with the highest level of care. For most children, physical activity provides an opportunity for children and adolescents to have fun and promotes the basis for good health and an enhanced quality of life for the future. However, there are a small number of children or adolescents who may be at risk when participating in an exercise / physical activity program. We ask therefore your read and complete this questionnaire carefully and return it. The information contained in this form is confidential.

Child/Adolescent Personal Details

Surname:	First Name:	DOB:
Address:		Phone/Mob:
Email:	Customer ID:	
Emergency/Parent Contact:	Contact Number/Mob:	

Please note. In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

Questionnaire

1. Does your child have, or has your child ever had:

- | | |
|--|----------|
| A heart condition | Yes / No |
| High blood pressure | Yes / No |
| High cholesterol | Yes / No |
| Unexplained coughing during or after exercise | Yes / No |
| Breathing problems or shortness of breath (for example, asthma, emphysema) | Yes / No |
| Diabetes (Type I or Type II)? | Yes / No |

Please specify if indicating Yes

2. Does your child experience or has your child ever experienced any of the following:

- | | |
|--|----------|
| Epilepsy or seizures/convulsions | Yes / No |
| Fainting or Dizzy spells | Yes / No |
| Heat stroke/heat-related illness | Yes / No |
| Increased bleeding tendency/hemophilia | Yes / No |
| Other (please specify): _____ | Yes / No |

Please specify if indicating Yes

3. Does your child take any medications for any condition? Yes / No

Please specify if indicating Yes, also please state any side effects

4. Does your child have, or has your child had, an eating disorder? Yes / No

5. Has your child broken any bones or suffered a bone injury in the past 12 months? Yes / No

Please specify if indicating Yes

6. In the last six months, has your child had any muscular, joint or bone pain while exercising? Yes / No

Please specify if indicating Yes

7. Are you aware of any medical reason / conditions that may prevent your child from participating in an exercise program Yes / No

If yes, please explain.

Informed Consent

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge correct.
- I will inform you immediately if there are any changes to the information provided above
- I give/don't give permission for my child to be photographed by MALC staff. I understand the photo/s may be used for promotional purposes (including online and social media) and on marketing material that may be distributed to the general public
- I give permission for my child to participate in a physical activity program provided by Murray Aquatic & Leisure Centre
- I acknowledge that during such times as my child is on the premises and/or participating in any activity external to the premises which is organised, approved or endorsed by the Murray Aquatic & Leisure Centre as an activity for my child to take part in, both my child's property and person shall be at my own risk in every respect and hereby disclaim and release the Shire of Murray, and every occupier thereof, all employees, agents, independent contractors, voluntary workers from any liability for any personal injury or loss of property.

Parent or Guardian Signature (if under 18)

Date:

Child/Adolescent Commitment

I understand / agree that

- I will follow the direction of staff at all times and immediately comply with any reasonable request.
- I will abide by the Murray Aquatic & Leisure Centre's Conditions of Entry and Fitness rules and regulations.
- I will respect the rights of other patrons and show respect for the Centre and its staff.

Child / Adolescent Signature:

Date:

Staff Signature:

Date:

Office Use:

Customer ID _____

Trimmed: By _____

Date _____