



Dance4all

Physical Activity Readiness Questionnaire (PAR-Q) UNDER 18's MEDICAL FORM

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify any adults or children for whom some types of physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

It is important that Dance4all is made aware of your Child's general health and fitness both to help us in planning the content of classes and enable us to help your child gain the most from the dance sessions without causing any unnecessary stress or strain. Please carefully fill out **both sides** of the form.

The information in this form will be treated in the strictest confidence by Dance4all. This form may be given to emergency services if an emergency arises when your child is in Dance4all's care.

All sections to be completed by Parents/Guardians in BLOCK CAPITALS please:

Parent/Guardian Details

Your Name :

Full Address :

Postcode :

Home Telephone :

Mobile Number : Mobile Number 2:.....

Email Address (CAPITALS) :

Child Details

Full Name :

Date of Birth : /...../.....

Current Age :

Pre-School / School / College :

Doctor's Name & Number :/.....

Blood Group :

Mobile Number * :

Email Address (CAPITALS) * :

* = only if you are happy for Dance4all to contact your child directly with information eg. teenagers

1. Has your doctor ever said that your child may have heart trouble? **YES / NO**
2. Does your child frequently have pains in their heart or chest? **YES / NO**
3. Does your child often feel faint or have spells of dizziness? **YES / NO**
4. Does your child suffer from shortness of breath when at rest or with mild exercise? **YES / NO**
5. Has a doctor ever said that your child's blood pressure was too high? **YES / NO**
6. Has a doctor ever said that your child's blood pressure was too low? **YES / NO**
7. Has a doctor ever told you that your child may have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? **YES / NO**
8. Has a doctor ever told you that your child may have Diabetes Mellitus or any other metabolic disorder?
YES / NO
9. Is there a good physical reason not mentioned here why your child should not follow an activity class?
Please provide details if so. **YES / NO**

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 10. Is there any physical history, or other medical condition that may affect the teaching or learning of your Child (eg. Asthma, heart condition, back injury, disorders etc). Please provide details if so. **YES / NO**

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 11. Is your child currently on any medication & should they be bringing it to class with them. Please list if so.
YES / NO

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If you answered YES to any of questions 1-11, please discuss this with the teacher before allowing your child to attend class. If you have not recently done so, you may also wish to consult with your Doctor by telephone or in person before your child's physical activity is increased. If your Doctor has any concerns please give them Dance4all's contact details.

12. Does your child suffer from any known allergies (eg. medication, food, cosmetics) & should they be bringing any relievers to class with them. Please list if so. **YES / NO**

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 13. Has your child had any previous dance experience, or do they currently participate in any other form of physical exercise as an extra-curricular activity? If yes, please state. **YES / NO**

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 14. How did you hear about Dance4all?

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 If you have any changes to this medical form in the future, please ask me for it so you can amend the information given. It is vitally important that the information is current and up to date for the safety and wellbeing of your child.

Signed:
 (Parent/Guardian)

Date:...../...../.....

Thank you for filling out this form.