



CHILDREN'S HEALTH QUESTIONNAIRE

So that we may provide you with the best possible service, please complete all information as accurately as possible. A physician's clearance may be required prior to swimming.

Name:		Date:	
Gender:		Age:	
Address:		D.O.B:	
		Tel (H):	
		Tel (M):	
Emergency Name:		Tel (H):	
		Tel (M):	

Has a physician told you that you that your child has (tick those that apply):

- | | | | | | |
|-----------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|
| Arthritis | <input type="checkbox"/> | Chronic Bronchitis | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Ear Problems | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Dysphasia | <input type="checkbox"/> | Eczema /Skin Irritation | <input type="checkbox"/> |
| A.D.H.D | <input type="checkbox"/> | Heart Murmur | <input type="checkbox"/> | Liver or kidneys Disease | <input type="checkbox"/> |

If you have ticked any of the above, or have any condition you feel we need to be aware of please describe below:

Have you ever had swimming lessons before? (Yes / No)

If yes, when were they? And what was the last award achieved?

I acknowledge that the information on this questionnaire is true and correct to the best of my knowledge. I hereby release Body Actif and all its employees, agents and other persons connected with the program, from any and all liability that may arise as a result of my participation in an activity/treatment given by Body Actif. By this release, I acknowledge that if I have any known limiting health conditions or family history of such conditions I should consult with a doctor prior to participating in the activity/treatment. All information held by Body Actif is stored in compliance with the DATA PROTECTION ACT 1998. In signing this document I agree to follow the Policies and Procedures of Body Actif thereby should I cancel an appointment without sufficient prior notice I will forfeit any payment made or will pay any cancellation fee as stated by Body Actif.

Guardian/Parent: _____ Signed: _____ Date: _____