



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Child's Name: ..... Age .....

Address .....

Parents Email: ..... Mobile.....

This questionnaire is designed to help you help your child.

**For most children physical activity should not pose a problem or hazard.**

Common sense is your best guide for answering these few questions. Please read them carefully and TICK YES/NO opposite the question as it applies to your child

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:	YES	NO
Diabetes		
Epilepsy		
Asthma (please bring a pump to sessions)		
High Blood Pressure		
A Heart Condition		
Frequent Chest Pains		
Joint Problems, eg. Spine, knees		
Surgery in the last 6 months		
Do they suffer from fainting or dizziness?		
Are they taking any prescribed medicine which may affect your physical abilities?		
Does your child have any allergies? Please state		
Is there anything else which may affect your participation in exercise?		

### Data Protection (GDPR) Act 2018

### Please circle your answers

I agree for Community Initiative to hold your details above for 1 year, where it will be updated or destroyed (as applicable) **YES / NO**

I am happy for Community Initiative and her team to take photographs and use on her social media facebook & Instagram sites, newsletters and website **YES / NO**

More information on our Data Protection & Safeguarding policy can be requested at [communityinitiativecharity@gmail.com](mailto:communityinitiativecharity@gmail.com)

### DROP OFF/COLLECTION OF YOUR CHILD

Who will be dropping off and collecting your child .....

Contact No: .....

### NEXT OF KIN

In the event of an emergency I would wish the following person to be notified:

NAME ..... CONTACT No. ....

Signed ..... Date .....

**Community Initiative, 17 St Nicholas Field, Berden, Bishop's Stortford, Herts  
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