**Children’s Confidential Health Questionnaire**

*Parents are expected to provide suitable detail in terms of behavioural traits of their children when registering their child*

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of birth |  |
| Parent’s Name |  |
| Address |  |
| Phone number |  |
| Email address |  |
|  |
| GP’s name |  |
| GP’s phone number |  |
| Emergency contact name |  |
| Emergency contact number |  |

Does your child have or suffer from any of the following?

*(Please tick & give details where appropriate)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asthma/Respiratory problems |  | History of dizziness or fainting  |  | chest pain brought on by physical exertion  |  |
|  |  |  |  |  |  |
| Epilepsy |  | Arthritis |  | Diabetes Type I / II |  |
|  |  |  |  |  |  |
| High Blood Pressure |  | Joint/Muscular issues |  | Special/Additional Needs/requirements  |  |
|  |  |  |  |
| Low Blood Pressure |  | Allergies |  |
|  |  |  |  |  |  |

If ‘Yes’ to any of the above, please provide full details below or on a separate sheet:

|  |  |  |  |
| --- | --- | --- | --- |
|  | NO | YES | DETAILS (including when) |
|  |  |  |  |
| Has your child ever had surgery? |  |  |  |
| Has your child ever broken any bones? |  |  |  |
| Is your child taking any medication? |  |  |  |
| Has your doctor ever advised your child to exercise? |  |  |  |
| Is there any reason not mentioned above why any type of physical activity may not be suitable for your child? |  |  |  |

|  |
| --- |
| PLEASE GO THROUGH OUR ‘**GOLDEN RULES’** WITH YOUR CHILD:* To listen to the coach and not speak whilst the coach is speaking.
* Respect others and encourage and praise peers.
* Inform the coach immediately if any pain or discomfort is felt
* Toilet breaks will be instructed but please ask if you need to go to the toilet. Please inform an adult when going to the toilet.
* To work as hard as you can and have fun!
* One at a time on the trampoline and close the zipper on trampoline safety net before jumping
* Freeze when the whistle is blown and listen
* Bring a named, refillable water bottle and drink throughout the day as needed
 |

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

Please ensure your child fully comprehends that exercise should be performed at a pace that feels comfortable for them. Pain is the body’s warning system and should not be ignored. Please Ensure the Child informs the coach immediately if they feel any discomfort, please also inform the coach if they felt any discomfort after a previous session.

Pilates exercises are safe, but as with all physical exercise, it is prudent to consult your child’s doctor before attending any sessions. If you have any doubt about the suitability of the exercises, please consult with your Child’s doctor.

Athena Pilates cannot accept liability for personal injury related to participation in a session if

1. Your doctor has on health grounds advised against such exercise.
2. Your child fails to observe instructions on safety and technique
3. Such injury is caused by the negligence of another participant of the class

I understand that the exercises involve hands-on correction and I hereby consent to the coach working in this way.

In the event that medical clearance must be obtained before my child commences Pilates exercises, I agree to contact their GP and obtain written permission prior to the first class, and that the permission be given to the coach. I understand that if my child fails to behave in a manner that is polite and social, they could be suspended.

I confirm that I have read and understood the above advice and that the information I have provided is correct and will immediately inform Athena Pilates of any changes

Your name:

Your signature:

Date:

**Privacy Statement**

Athena Pilates is registered with the ICO (Information Commissioner’s Office) which means we need to tell you what data we am collecting from you and what we intend to do with it.

**Data which I will request from you**

As part of the health questionnaire you will be asked to complete, you will need to provide details of you and your child’s name, your child’s date of birth, emergency contacts, doctor’s details and any medical conditions and/or medication. Your email address, phone number and postal address will also be requested in order for us to contact you.

**What will happen to your data?**

Your data will not be sold under any circumstance. Your data will only be shared ethically with your child’s GP/ osteopath/chiropractor/other medical professional and only with your prior consent. We would only contact these medical professionals should we require medical clearance for your child to continue exercising and we will notify you of this beforehand.

we will use the data you provide relating to medical conditions to plan classes and select the most appropriate exercises.

**How will your data be stored?**

Most of your data will be stored on this statement and on your health questionnaire and locked away safely in a filing cabinet. Your contact number and email will also be stored on the work mobile, which only I have access to and is password protected.

**How long will your data be stored?**

We will keep this signed statement plus your health questionnaire on A password protected computer or in a filing cabinet, for our own records, whilst you continue to attend classes and for one month after you cease attending classes. Hard copies will be shredded and electronic copies will be deleted from the computer. Your phone number and email address will also be deleted from our mobile phone after one month of ceasing to attend classes.

**CCTV**

A CCTV system is installed at 15 Warren Road which covers the front and back entrance. The purpose is to ensure safety and crime prevention and detection. CCTV is also installed on the outside of the building and in the car park area for the purposes of monitoring building security and crime prevention and detection.

Recordings will only be shared with authorised bodies (i.e. the police) who intend to use it for the purposes stated above. Recordings will not be released to the media for entertainment purposes or placed on the internet for public viewing. Recording will be overwritten every 30 days.

You have the right to see images recording of yourself in accordance with the Data Protection Act and be provided with a copy of the images. Please make your request in writing to alison@athenapilates.co.uk

**Consent**

Do you consent to me using your data in this way? Please state **yes** or **no** ……………

Your Child’s Name:

Your Name:

Your signature:

Date: