

Health History Form

Child's Name: _____

Does your child now or have they ever had a history or experience with the following:

High or Low Blood Pressure	YES	NO
Elevated Blood Cholesterol	YES	NO
Diabetes	YES	NO
Chest Pains	YES	NO
Family History of Heart Problems	YES	NO
Joint Problems	YES	NO
Asthma or Respiratory Problems	YES	NO (do they need an inhaler?)
Severe Headaches or Dizziness	YES	NO
Recent Surgeries	YES	NO
Epilepsy	YES	NO
Difficulty with any Exercises	YES	NO
Currently taking any Medications	YES	NO (what medications?)

Does your child have any known allergies? If known, what? Do they need an epi-pen, medications, etc?

Has your doctor advised your child not to exercise? _____

Why? _____

Is there any reason your child should not take part in energetic activity? _____

If yes, what? _____

As the parent/guardian of the aforementioned child, acknowledge the above information to be true and accurate. To the best of my knowledge, I have given all relevant information regarding my child's health and ability to participate safely in an exercise program. I give my child permission to participate in The Workout Club's Children's Programs and Special Events.

On behalf of myself, my heirs and my assigns, I hereby release the Workout Club and its employees from liability for injury, loss or death of myself or my child while using the facility, equipment, or in any way associated with participating in any activity now or in the future resulting from ordinary negligence of The Workout Club and its employees.

Signed _____ Date _____
