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**CONFIDENTIAL MEDICAL QUESTIONNAIRE**

**& PHOTOGRAPHY/MEDIA PERMISSION**

This form is designed for completion by the parent / guardian on behalf of their child participating in the Young Champions Programme.

All information will be treated as confidential and only members of staff employed by Tees Valley Sport and Teesside University will have access.

Child’s Name:

Child’s Date of Birth:

Parent / Guardian Name:

1. How would you describe your child’s present level of physical activity?

Sedentary / Moderately active / Highly active

1. How would you describe your child’s present level of fitness?

Very unfit / Moderately fit / Very fit

1. How would you describe your child’s present bodyweight?

Underweight / ideal weight / overweight

**If you tick ‘Yes’ for any of the following questions please provide more details overleaf**

Please identify if your child has;

1. High or low blood pressure Yes No
2. Elevated blood cholesterol Yes No
3. Diabetes Yes No
4. Chest pains brought on by physical exertion Yes No
5. Childhood Epilepsy Yes No
6. Dizziness or Fainting Yes No
7. A bone, joint or muscular problem or arthritis Yes No
8. Asthma or other respiratory problems Yes No
9. Any sustained injuries or illnesses Yes No

1. Any allergies Yes No
2. Is your child taking any medication Yes No
3. Has your doctor ever advised your child not to exercise Yes No
4. Finally is there anything to your knowledge that may prevent your child from participating in physical activity Yes No

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| Injuries or Illnesses (Please add details if appropriate) |

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| Medications (Please add details if appropriate) |

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| Details of Medical Conditions (Please add details if appropriate) |

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| Any Other Medical Information (Please add details if appropriate) |

**PHOTOGRAPHIC & MEDIA CONSENT**

**I** understand that involvement in Young Champions may result in media interest and photographs being taken for use in promoting the programme. By signing this form I give permission for my child’s photograph to be included in promotional materials and Press Releases based on the understanding that confidentiality is maintained at all times.

**Parent Consent**

Signature: Date:

Parent Contact Number:

Parent Email Address: