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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Programme attending:** | | | | | | | | | | | | | | | | | | |
| **Name of attendee:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Medical details** | | | | | | | | | | | | | | | | | | |
| Does the attendee suffer from any of the following conditions? (please tick all that apply) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Heart problems |  | Asthma | | |  | Low blood pressure | | |  | Migraine | | |  | Fits or faints |  | |  | |
|  | | | | | | | | | | | | | | | | | | |
| High blood pressure | | |  | Diabetes | | |  | Chest complaints | | |  | Wheezing/Coughing | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | |
| If you have ticked any of the above, please provide details: | | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | |  | |  | |  | |  | |  |
| Is the attendee allergic to anything (e.g. plasters, food, drugs)? | | | | | | | | | | | Yes | |  | | No | |  | |  |
| If yes, please provide details | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | |  | |  | |  | |  | |  |
| Is the attendee taking any medication?  If yes, please provide details below  Type:  Dosage:  Side effects:  When taken: | | | | | | | | | | | Yes | |  | | No | |  | |  |
|  | |  | |  | |  | |  |
|  | | | | | | | | | | |  | |  | |  | |  | |  |
| Does the attendee have, or had, any other medical condition not already covered that we should be aware of?  If yes, please provide details | | | | | | | | | | | Yes | |  | | No | |  | |  |
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|  | | | | | | | | | | |  | |  | |  | |  | |  |
| Are we likely to have to administer any medication during the session? | | | | | | | | | | | Yes | |  | | No | |  | |  |
| If yes, please provide details of the medication, dosage and when it should be administered: | | | | | | | | | | |  | |  | |  | |  | |  |
| Will the attendee require any assistance with any of the following: | | | | | | | | | | | | | | | | | | | |
| Dressing: | Yes |  | No |  | Eating/Drinking: | Yes |  | No |  | Toileting: | | Yes | |  | | No | |  |  |
| If yes, please provide details: | | | | | | | | | | |  | |  | |  | |  | |  |
| Name and contact number for family doctor: | | | | | | | | | | |  | |  | |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Has the attendees doctor given permission (if necessary) to exercise? | | | | | | | | | | | Yes | |  | | No | |  | |  |
| If yes, please provide written confirmation from your doctor or parent/carer | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | |  | |  | |  |
| Are there any specific activities that the attendees doctor has advised to | | | | | | | | | | | Yes | |  | | No | |  | |  |
| avoid? If yes, please provide details: | | | | | | | | | | |  | |  | |  | |  | |  |
|  | | | | | | | | | | |  | |  | |  | |  | |  |
| Are there any other reasons not already mentioned why the attendee should | | | | | | | | | | | Yes | |  | | No | |  | |  |
| not partake in physical activity? If yes, please provide details: | | | | | | | | | | |  | |  | |  | |  | |  |
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| **Disability, social, behavioural, emotional issues** | | | | | | | | | | |
| Does the attendee have any of the following physical/learning impairments? | | | | | | | | | | |
|  | | | | | | | | | | |
| Visual |  | Hearing |  | Multiple impairments |  | Learning |  | Mobility/joint |  |  |
|  | | | | | | | | | | |
| If you have ticked any of the above, please provide details: | | | | | | | | | | |

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| Does the attendee have any social, behavioural, emotional issues that we should be aware of?  If yes, please answer the following questions | Yes |  | No |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| What is the nature of the issue? | | | | | |
| Are there any signs/behaviour patterns that staff should be aware of? | | | | | |
| How should staff deal with the issue? | | | | | |
| Please describe any disability, impairment and/or dietary requirements | | | | | |
| Please provide any general information that may be helpful about the attendee (this may include hobbies, interests, social interaction, behaviours etc) | | | | | |