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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: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 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 belowType: 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? |
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| Visual |  | Hearing |  | Multiple impairments |  | Learning  |  | Mobility/joint |  |  |
|  |
| If you have ticked any of the above, please provide details: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 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) |