



Health History Form

Child's Name: _____

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

Hyperactivity/ADD/ADHD	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?

Please identify any developmental, emotional, cognitive, or special needs that we should be aware of to assist with a positive transition to camp.

Does your child have any dietary restrictions/preferences (such as gluten free, organic, and/or dairy free)?

Has your doctor advised your child not to participate in certain activities? _____

Why? _____

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.

Print: _____

Signature _____

Date _____

