

Physical Activity Readiness Questionnaire for Children (PARQ)

iUSP145 – Planning health related exercise and physical activity for children

Dear parents/guardians,

It is very beneficial for children to partake in exercise or some sort of physical activity regularly. Before commencing a physical exercise programme it is necessary to find out about their health. This form aims to identify any health problems so that we can offer any advice on exercise and avoid any risk of illness or injury.

Young person's registration form:

Name:		
Address:		
Postcode:		
Telephone number:	Home:	
	Mobile:	
Date of birth:		

Conditions:	Yes	No	Details
Has your child ever been diagnosed with a heart condition?			
Has your child ever had chest pains during or after physical activity?			
Does your child ever feel faint or have spells of dizziness?			
Is your child being treated for high blood pressure?			
Is your child being treated or receiving medication for any other condition?			
Has your child had any broken bones in the past 6 months?			
Does your child suffer from any joint or bone problems which exercise could aggravate?			
Does your child have diabetes? If so which one?			
Does your child suffer from asthma?			
Does your child suffer from epilepsy?			
Has your child had an operation within the past 6 months?			
Is there any other reason why your child should not be taking part in physical activity?			

Please note that if you have answered 'yes' to any of the questions, there may be some restrictions to the type of exercise programme your child can participate in. If you are unsure about any of the questions we would strongly advise that you contact your doctor before allowing your child to start the exercise programme.

Parent/guardian declaration

1. I confirm that the above details to the best of my knowledge are correct at this point in time.
2. If there are any changes in my child's condition, I will report it immediately to the coach.
3. I agree that my child will abide by the rules of the centre and follow instructions of the staff at all times.

Signature: _____

Print name: _____

Relation to child: _____

Date: _____

Candidate/instructor signature: _____

Please note: If your child is feeling unwell or suffering from sore throat, cold, flu, etc. you should postpone your child's activity until they are feeling better. You are advised to encourage your child to rest and inform the candidate/instructor of this illness upon return to their programme where it can be revised appropriately.

Document History

Version	Issue Date	Changes	Role
v1	27/09/2019	First published	Qualifications Administrator