

Exeter Gymnastics Club

**APPROVAL FOR PARTICIPATION IN
EXETER GYMNASTICS CLUB
BABY GYM SESSIONS**

To be completed by the Parent / Guardian

Name of Baby.....Date of Birth.....

Name of Parent / Guardian.....

Address.....

.....Post Code.....Tel No & code.....

Contact Number.....

Session Attending.....

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Relevant Birth History

1. Was your baby born at term? (after 37 completed weeks gestation) Yes / No
2. If born prematurely, how many weeks gestation?Weeks
3. Was your baby born in a breech position? Yes / No
4. Has your baby had its 6 8 week paediatric check? Yes / No
5. If yes, were there any problems identified? Please explain.....

6. Has your baby been referred to a paediatrician? Yes / No
If yes please explain.....

7. Do you know of any medical reason why the above named baby / child should not participate in Exeter Gymnastics Baby Gym Sessions? Yes / No

Relevant Obstetric History

1. Did you have a Caesarean Section? Yes / No
2. If yes, were there any complications? Please explain.....

3. Have you had your 6 8 week postnatal check? Yes / No
4. Were there any problems highlighted? Yes / No
If yes please explain.....

I agree to myself and my baby participating in Exeter Gymnastics Club Baby Gym Sessions. I have been fully informed of and am aware of the risks involved in this sport.

SIGNATURE.....DATE.....