**Insert Name of School / Club / Centre Consent and Medical Form for Disability Gymnastics**

**Participant’s Name………………………………………………… Date of Birth………………**

**Session attended (day and time):………………………………………………….**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does the participant have any** | **YES** | **NO** | **Does the participant have any** | **YES** | **NO** |
| **of the following?** | **of the following?** |
| **Spinal rodding** |  |  | Cystic Fibrosis |  |  |
| **Atlanto-Axial Instability (confirmed)** |  |  | Muscular Dystrophy |  |  |
| **Detaching retina(s) or repaired retina(s)** |  |  | Spina Bifida or Hydrocephalus |  |  |
| **Pregnancy** |  |  | Changeable muscle tone |  |  |
| **Dwarfism** |  |  | Dislocated hip(s) / other joint problems |  |  |
| **Brittle Bones** |  |  | Vertigo, blackouts, nausea |  |  |
| Fully Detached retina(s) -no sight in that eye(s) |  |  | Hernia / prolapsed |  |  |
| Osteoporosis |  |  | Open wound(s) |  |  |
| Haemophilia |  |  | Gastrostomy |  |  |
| Cardiac or circulatory problems |  |  | Incontinence |  |  |
| Epilepsy (please state if person carries meds) |  |  | Recent serious illness/ surgery |  |  |
| Arthritis or Stills Disease |  |  | Tender / Fragile skin |  |  |
| Asthma / respiratory problems |  |  | Tracheostomy |  |  |
| Implant (eg Baclofen pump / cochlear etc) |  |  | Complex challenging behaviour |  |  |

Are there any other conditions or needs relevant to this person of which we should be aware? Please continue overleaf if necessary.

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Additional comments if applicable: This may include notes & additional information where answer(s) above are Yes, person centred aims (where participant has input from a physiotherapist or other professional), environmental preferences (such as no music, favourite music, lighting, sensory) etc. Please continue overleaf if necessary.

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Name of Adult Completing Form (Print) …………………………………………………

Profession or relationship to participant................………………………………………

* **I give my consent for the person on this form to take part in Disability Gymnastics sessions.**
* **I understand that it is my responsibility to inform the session organisers of any changes to the participant’s condition and to provide [organiser] with any new information arising which may be relevant.**
* **I have understood all questions and I know the participant well enough to answer these questions.**

Signature…………………………………………………………… Date signed……………………………

**GDPR Statement:** The information contained within this form is essential to check each participant is able to access our Disability Gymnastics provision. Information is crucial to enable us to keep participants safe and comfortable during their session. This form must be accessible to your Coach / Practitioner and the club / school office. Forms will be securely stored when not in use.

Consent forms are considered valid for one year then should be renewed. Your Coach / Practitioner will provide new forms as applicable, and our organisation may contact you if updates have not been received. It may be necessary to refer to previous forms (ie if a condition changes or any queries arise). Completed consent forms will be retained by [organiser] for a maximum period of 3 years, then destroyed.

For venue use:

Form due to be renewed on (date) ……………………..Do not keep beyond (month and year) …………………..