



## PARENT & BABY PHYSICAL READINESS QUESTIONNAIRE

- Please read the questions and answer carefully
- Please speak to your teacher if there is anything that concerns you
- If you knowingly provide incorrect information, Aquababies **x** can bear no responsibility for any resultant injury or pain

Do you have any medical condition that we should be aware of? **YES** **NO**

Does your child have any medical condition that we should be aware of?

Do you have a bone or joint problem that could be made worse by physical activity?

Are you taking prescribed medication to control a health condition?

If so please specify if possible (i.e. inhaler, insulin etc.).....

Do you know of any other reason why you or your baby should not partake in PABA?

Please provide further details about any relevant condition.....

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Print Name.....Name of Child.....

Signed.....Date.....

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