



Let's Get Going is a free 10 week healthy lifestyle programme with the aim to **engage, inspire and enable children and their families to lead a healthy lifestyle.** It will run afterschool throughout Wokingham, Reading, West Berkshire and Slough. Please complete this form and return it to the **LGG team email:** info@lets-get-going.co.uk, **Post:** Solutions 4 Health Ltd, Unit 1, Thames Court, 2 Richfield Avenue, RG1 8EQ. Contact is on **01183 341 864** or **www.lets-get-going.co.uk** for more info.



Patient - Child/ Young Person's Details:

Child's Name + Surname _____

Child's Date of Birth: _____

Child's School: _____

Child's Gender: Male Female

Child's GP Surgery: _____

Patients parent/ Guardian's Details

Name + Surname _____ Relationship to Child _____

Address: _____

Postcode: _____ Phone: _____ Mobile: _____

Email: _____

Families reasons for wanting to attend Let's Get Going

They would like to take advantage of free afterschool child care	Yes <input type="checkbox"/> No <input type="checkbox"/>
They are worried that their child's weight is/ is becoming above what is healthy for their age/ height	Yes <input type="checkbox"/> No <input type="checkbox"/>
Their child does not participate in much activity, LGG will help them to try new things	Yes <input type="checkbox"/> No <input type="checkbox"/>
They would like their child and family to learn the tools we need to live a healthy lifestyle long term.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other, please provide details:

Further information: PAR-Q. Does the child have the following?

High or Low Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Elevated Blood Cholesterol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma or Respiratory problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sustained injury/ illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest Pain brought on by Physical Activity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dizziness or Fainting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bone/ Joint problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Childhood Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taking any medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any known learning difficulties, disabilities or additional needs that may require additional support?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you know of any reason that your child should not take part in physical activity?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you have answered YES to any of the questions on the PAR-Q above please provide further details:

Consent to be Completed by Parent/ Guardian:

- I consent that the information I have provided on my child's health is accurate. I understand that my child is responsible for monitoring themselves throughout the physical activity session and should any unusual symptoms occur they should alert the instructor and cease participation in the activity.
- I understand that as with any form of physical activity unavoidable injuries or accidents may occur. I understand that all programme staff are fully trained to deliver the LGG Programme and that all leaders have an enhanced Disclosure and Barring Service (DBS) check.
- I understand that all information gathered during the programme will remain confidential and I agree for data to be used anonymously to evaluate the programme.
- I understand that if my child fails to behave in a manner that is appropriate for the session that they may be asked not to return to the programme.
- I understand that I am expected to attend the final 20 minutes of each weekly session in order to share in what my child has learnt during the session.
- I consent to myself and my child's picture/ video being taken within the Let's Get Going group sessions and being used by S4H for website, social media and advertising purposes. Please note you will be informed prior to picture being taken. **If you do not wish to be included in photographs please tick here - No**

I agree to all above statements above and give consent for my child to participate in the Let's Get Going Programme:

Name: _____ **Signature:** _____ **Date:** _____

Referrers Details

Name: _____

Position and workplace: _____

Contact information: _____