HEALTH HISTORY QUESTIONNAIRE

Does your child have asthma or any other respiratory condition that causes difficulty in breathing?

Does your child use an inhaler? If so, please make sure your child brings it with him to the off ice training.

Does your child have any orthopedic conditions that would restrict him/her in performing physical activity?

Does your child take any medications that would affect his/her training?

Does your child have any other physical limitations that the off ice trainers would need to be aware of?

Child's name _____

Parent print name_____

Parent sign name_____Date_____