



Phoenix Yoga

Coventry & Warwickshire

YOGA FOR CHILDREN WITH ADDITIONAL NEEDS HEALTH QUESTIONNAIRE FORM

Childs Name:

DOB: __/__/__

Email: _____

Address:

Tel: _____

Present Diagnosis

What are the physical symptoms (if any)?

Describe the child's motor development?

Describe the child's concentration/
attention span?

Does the child suffer from seizures/
epilepsy or similar?

Does the child take medication if yes which types?

Does the child have a heart problem?



Can you think of any reason such as a recent physical illness or chronic condition that might prevent the practice of certain yoga postures?

What goals do you hope to achieve with yoga?

I as a parent/carer of the minor child identified above hereby acknowledge the following notices and grant Heidi Gerrard the following release from liability for any personal injury to my child. I acknowledge and understand that I, or my child will be engaging in physical activities, I acknowledge that it is my responsibility to consult with my child's physician with respect to any past or present injury, illness, health problem or medication that may affect my child's participation.

Sign _____

Print _____

Relationship to Child (Parent/Carer):

Would you be happy for Phoenix Yoga to use images of your child on their website and in other publicity documents?

Yes No

Date __/__/__

T: +44 (0)7725 956370 | E: yogawithheidi@hotmail.com

Laurel Cottage, Square Lane, Corley Ash, Coventry CV7 8AX | Proprietor: Heidi Gerrard

www.phoenixyoga.org