

# Sling Beat

Health Information and Consent Form

[www.slingbeat.weebly.com](http://www.slingbeat.weebly.com)



**For your own safety, this form must be completed prior to participation in the class. Please read the following information carefully, and answer all questions to the best of your ability. If you have any questions about the class, or your ability to take part, please speak to the class teacher.**

PERSONAL DETAILS	
NAME	DATE OF BIRTH
ADDRESS	
TEL:	EMAIL:
PREFERRED METHOD OF CONTACT:	
CHILD'S DETAILS	
CHILD 1	CHILD 2
DOB	DOB
CURRENT AGE	CURRENT AGE
ANY SPECIFIC MEDICAL CONCERNS?	ANY SPECIFIC MEDICAL CONCERNS?
If you have twins, are you happy for one child to be worn by the class teacher or class assistant? Yes/No	
EMERGENCY CONTACT DETAILS	
NAME	RELATIONSHIP
TEL:	MOB:
YOUR GOALS-What is your main reason for attending this class?	
Relaxation and stress relief <input type="checkbox"/>	Time to bond with baby <input type="checkbox"/>
Improve fitness and wellbeing <input type="checkbox"/>	Opportunity for baby to socialise <input type="checkbox"/>
Meet other local mothers <input type="checkbox"/>	Other <input type="checkbox"/>

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### YOUR DELIVERY AND GENERAL HEALTH

*To participate in the class, you must have had a satisfactory postnatal checkup. In most cases, this is 6 weeks. After Caesarean deliveries, some women may prefer to wait longer. Please speak to your GP for advice, if you are at all unsure about your suitability to exercise*

Date of postnatal check up:

Result of postnatal checkup :

Delivery Type: C-section  Normal with intervention  Normal

#### Do you have any post natal concerns?

Pelvic girdle pain

Yes  No

Lower back pain

Yes  No

Blood pressure

Yes  No

Stitches still healing

Yes  No

#### Do you have, or have you ever had, any of the following ? Please tick and give any relevant details

*Back pain/problems*

*Joint or muscle pain or injury*

*Breathing difficulties*

*Dizzy spells/feeling faint*

*Seizures or epilepsy*

*Heart problems*

Have you had any operations in the last 2 years?

Are you taking any medication which may affect your ability to exercise?

Do you have any other medical condition, illness or disability not covered by the above?

Are there any particular movements which cause you pain?

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### IMPORTANT INFORMATION: PLEASE READ

To take part in the class, your child should be worn securely in a full-seated sling or carrier, with legs not hanging down fully from the hips. They should be worn facing your chest, in a position where they are 'close enough to kiss'.

As the aim of the class is to give you gentle aerobic exercise, stretching and toning, there will be no strong jumping or high impact movements.

You should perform the movements in the class at a pace which feels comfortable for you, and does not cause you severe pain or discomfort. If at any point during the class you feel unable to do something, please tell the teacher immediately and the movement can either be adapted for your body, or further advice can be given.

Please wear comfortable clothing that you can move freely in, with minimal jewellery.

In order to provide adequate knee and ankle support, it is recommended that you wear closed shoes, preferably trainers.

### DECLARATION

I confirm that I have read and understood the advice above, and that I have answered all relevant questions fully and correctly.

I understand that the information I have provided on this form will be kept confidential and will not be shared with any third parties.

I understand - and give permission for - photography and video images that may be taken during classes, may be used for promotional and reporting purposes. Images may appear in printed marketing material, in the press/newspapers, online, and on social media pages. [Photograph subjects will not be identified by name unless by prior agreement.]

### SIGNED

Name \_\_\_\_\_ Date \_\_\_\_\_