

# Bounce-Ability at GymNation Gymnastics & Trampoline

## Consent and Medical Form for Rebound Therapy

Participant's Name..... Date of Birth.....

Session (day and time):.....

Does the participant have any of the following?	YES	NO	Does the participant have any of the following?	YES	NO
<b>Spinal rodding</b>			Cystic Fibrosis		
<b>Dwarfism</b>			Muscular Dystrophy		
<b>Brittle Bones</b>			Spina Bifida or Hydrocephalus		
<b>Pregnancy</b>			Changeable muscle tone		
<b>Atlanto-Axial Instability (confirmed)</b>			Dislocated hip(s) / other joint problems		
<b>Detaching retina(s)</b>			Vertigo, blackouts, nausea		
Fully Detached retina(s) -no sight in that eye(s)			Hernia / prolapsed		
Osteoporosis			Open wound(s)		
Haemophilia			Gastrostomy		
Cardiac or circulatory problems			Incontinence		
Epilepsy (please state if person carries meds)			Recent serious illness/ surgery		
Arthritis or Stills Disease			Tender / Fragile skin		
Asthma / respiratory problems			Tracheostomy		
Implant (eg Baclofen pump / cochlear etc)			Complex challenging behaviour		

Are there any other conditions or needs relevant to this person of which we should be aware?  
Please continue overleaf if necessary.

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Additional comments if applicable: This may include notes & additional information where answer(s) above are Yes, person centred aims (where participant has input from a physiotherapist or other professional), environmental preferences (such as no music, favourite music, lighting, sensory) etc. Please continue overleaf if necessary.

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Name of Adult Completing Form (Print) .....  
 Profession or relationship to participant.....

- I give my consent for the person on this form to take part in Rebound Therapy sessions.
- I understand that it is my responsibility to inform the session organisers of any changes to the participant's condition and to provide GymNation with any new information arising which may be relevant.
- I have understood all questions and I know the participant well enough to answer these questions.

Signature..... Date signed.....

**GDPR Statement:** The information contained within this form is essential to check each participant is able to access our Rebound Therapy provision. Information is crucial to enable us to keep participants safe and comfortable during their session. This form must be accessible to **your Coach / Practitioner** and the **GymNation** office. Forms will be securely stored when not in use.

Consent forms are considered valid for one year then should be renewed. Your **Coach / Practitioner** will provide new forms as applicable, and our organisation may contact you if updates have not been received. It may be necessary to refer to previous forms (ie if a condition changes or any queries arise). Completed consent forms will be retained by **GymNation** for a maximum period of 3 years, then destroyed.

For venue use: Form due to be renewed on (date) .....Do not keep beyond (month and year) .....