

## Example Consent and Medical Form - Flexi-Bounce Therapy

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

Does the participant have any of the following?	YES	NO	Comments	Initial
Spinal rodding				
Dwarfism				
Brittle Bones				
Pregnancy				
Atlanto-axial instability (confirmed)				
Detaching retina(s)				
Detached retina(s)				
Osteoporosis				
Haemophilia				
Cardiac or circulatory problems				
Epilepsy				
Arthritis or Stills Disease				
Asthma / respiratory problems				
Cystic Fibrosis				
Muscular Dystrophy				
Spina Bifida or Hydrocephalus				
Changeable muscle tone				
Dislocated hip(s) / other joint problems				
Vertigo, blackouts, nausea				
Hernia / prolapsed				
Open wound(s)				
Gastrostomy				
Incontinence				
Tracheostomy				
Recent serious illness/ surgery				
Tender / Fragile skin				
Implant (e.g. Baclofen pump)				

Are there any other conditions of which we should be aware? (continue overleaf if necessary)

.....

I give my consent for the person on this form to take part in Flexi-Bounce sessions and I understand that it is my responsibility to inform the session organisers of any changes to the participant's condition

Name of Adult Completing Form (Print) .....

Profession or relationship to participant.....

Signature.....Date.....

If any of the above conditions are ticked, this form must be signed by a medically trained professional