

YOGA for the SPECIAL CHILD

**It is important that you complete this form in order to assist me in making these one-to-one yoga therapy sessions safe and appropriate for your child/adolescent. All information will be kept strictly confidential.**

Name of the yoga student

Date of Birth

Carer/Guardian Name (s)

Telephone numbers:

Email address:

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| What is the current diagnosis? |
| What are the physical symptoms of the disability/ condition?(for example stiffness in left leg, or very floppy body and limbs) |
| Does your child have developmental delay? YES/N0If so, please describe: |
| Are there any heart problems? YES/NO If yes please state what these are: |
| Are there any hip problems or investigations for any hip problems?YES/NO. If so, please detail: |
| Are there any problems with his/her spinal column? YES/NO If Yes, please state what these are and in what area: |
| Does your child/adolescent suffer from convulsions? YES/NO If Yes, please state when your last convulsion was and what the “trigger” was (if you know). |
| Has you’re your child/adolescent undergone surgery? YES/NO If so, what for and what were the results? |
| Is he/she on any current medication? YES/NO If so what for? |
| How would you the child/adolescent’s concentration, attention span and general awareness? |
| **Yoga for the Special Child is a safe system; however, it is important that you keep me updated of any changes to this medical form. This is a hands-on therapy with complete respect to the student’s body but gentle adjustments may be necessary. By writing your name/signing this signing this form you agree to this** |

Signed……………………………………………………………. Date……/………/……… Jay Ehrlich🎔 www.yogababies.co.uk