



radKIDS
WELLNESS INFORMATION FORM

Child's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Height: _____ Weight: _____ Gender: _____ Age: _____
Date of Birth: _____

In case of emergency please contact:

Name: _____
Phone: _____
Relationship: _____

Confidential Medical History

1. Date of child's most recent medical examination _____
2. Does he/she feel fine, without restriction? Yes _____ No _____
If no, please describe: _____

3. Has he/she ever been hospitalized or treated for an injury?
Yes _____ No _____
If yes, please describe: _____

4. Has he/she ever been injured and not received medical attention?
Yes _____ No _____
If yes, please describe: _____

5. Does he/she have any current medical conditions which are currently
being treated? Yes _____ No _____
If yes, please describe: _____

6. Is he/she currently using any prescription drugs?
Yes _____ No _____
If yes, please describe: _____

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9410 Harvest Acres Court
Raleigh, NC 27617
(844)723-5437
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Email:
radKIDS@radKIDS.org



7. Does he/she have: Any known allergies Yes _____ No _____
Difficulty breathing Yes _____ No _____
High blood pressure Yes _____ No _____
Diabetes Yes _____ No _____

If yes, please describe: _____

8. How frequently does he/she exercise? _____

What type of exercise? _____

9. Has he/she ever been involved in self-defense or Martial Arts Training?

Yes _____ No _____

If yes, please describe: _____

10. Please describe your perception of his/her current fitness level:

Parents/Guardian Phone: _____

Email: _____

The above information is complete, true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Instructor's check

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