

Registration and Health Questionnaire (Baby Massage)

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| Instructor's name | | | |
| Date of first session | | | |
| Your name | | | |
| Baby's name | | DOB | |
| Address | | | |
| | Post Code | | |
| Email | | Phone | |
| Emergency contact | | Phone | |

Please answer all questions to the best of your knowledge:

No Yes Details (if Yes)

Does your baby have any health conditions (e.g. clicky hips)

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Have you and your baby had your 6 Week postnatal review?

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Will your baby have immunisations within 24 hours before a baby massage session?

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Do you or your baby have any allergies?

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How did you hear about the class?

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Safety Guidelines

Please read these guidelines carefully before you attend your first class:

- Parents work with their own baby.
- When practising with your baby, never rush or force anything. If you feel stressed or tense, just take a break and come back to the practice later. Always ensure that you feel safe, secure and confident with the way you are holding or massaging your baby. Never do anything that you do not feel comfortable with.
- If your baby is unwell, it is best not to attend the massage class. If your baby is crying excessively and cannot be comforted, he/she may be ill. If your baby is limp, pale, has a temperature, or any difficulties breathing, please seek appropriate medical help: never practice massage on a distressed baby.
- It is not recommended to massage within 24 hours of your baby's immunisations.

Informed Consent

I hereby state that:

1. I have read the above safety guidelines and will ensure that I adhere to them.
2. I take full responsibility for myself and my baby, and for everything that happens to me and my baby in relation to the baby massage class.
3. If I have any health concerns which may affect my participation, or that of my baby, I will seek medical approval.
4. I will keep the baby massage instructor informed of any health issues that arise over the course of the classes, both for me and my baby.
5. I *give/do not give consent to sharing my email address with other members of the class.
6. I *give/do not give consent to occasional photographs including myself and my baby, being used for Henley Birthcare marketing purposes.
7. I understand that I may be able to make up a missed class, but refunds are not offered.
8. I reserve the right to withdraw consent to be contacted by Henley Birthcare, at any time.
9. I understand that all the information I provide, will remain confidential and will not be shared with third parties.

*Delete as applicable

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| Client's Signature | | Date | |
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