# Junior Referral Form

## Young Person Details:

Full Name: _____

Address: _____

_____

Post code: _____

DOB: _____

Home Tel: _____

Mobile: _____

Gender: M / F

Ethnicity: _____

Height: _____

Weight: _____

Any Allergies: _____

## Medical conditions:

**Does the young person suffer, or has ever suffered from any of the following:**

**(Please tick all that apply)**

| | | | |
|---|---|---|---|
| Asthma | | | |
| Epilepsy | | | |
| Breaks/fractures | | | |
| Diabetes | | | |
| High BP | | | |
| Other | | | |

## Referrer's Details:

Referrer's Name: _____

Relationship:_____

Address: _____

_____

Postcode: _____

Phone: _____

Email: _____

2nd emergency contact:

Name: _____

Phone: _____

## Reason for referral:

| | |
|---|---|
| In-active | |
| Over weight | |
| Low confidence | |
| Behavioural | |
| Poor diet | |
| Other | |

## Additional notes:

| |
|---|
| |

**Parental consent**: I _____ Give permission for _____ _____ to take part in the LGA Junior programme.

**Let's Get Active CIC | 11 Primrose Bank | Oldham | OL18 1HQ**
**07713647494 | referrals@letsgetactive.org**