

Parent medical questionnaire

Parents name

Babys name

Address

Next of kin.....

Please list any pregnancy related problems eg. High blood pressure, back pain

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Please give details of any medication you or your baby is on.....

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Does your baby have any medical conditions I need to be aware of?

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Do you agree to pictures being uploaded to the Bumps to Bambinos social media of you and your baby?.....

I take full responsibility over the health of my baby and myself during baby massage or baby Yoga classes with Bumps to Bambinos

Sign

Name.....