THE REDWAY SCHOOL

Dear Parents and Carers,

REBOUND THERAPY

During PE lessons your child will participate in Rebound Therapy which uses the trampoline to provide therapeutic exercise and recreation for people with a wide range of special needs. This is subject to a satisfactory health screening and assessment.

Please complete the medical screening form below.

Note: For more information on Rebound Therapy please refer to the Rebound Therapy website https://www.reboundtherapy.org/about/about.php.

Yours sincerely,

The Redway PE and Physiotherapy Teams

REBOUND THERAPY REPLY SLIP **Child's Name**_____ **Class**_____

MEDICAL SCREENING Please ONLY tick (✓) any conditions that relate to your child

Conditions that PROHIBIT participation. Please ✓ all that apply

CONDITION	✓		
Spinal rods		→	**Regrettably, these conditions means that Rebound Therapy is NOT suitable for your child.**
Detaching retina			
Dwarfism			
Brittle bone disease (Osteogenesis Imperfecta)			
NG tube			

CONDITION	✓		
Downs Syndrome		→	If your child has **confirmed** Atlanto-Axial Instability they will be **UNABLE** to participate in Rebound Therapy.

ESSENTIAL:
If your child has Downs Syndrome, we require medical confirmation that they have a STABLE Atlanto-Axial joint (neck). The test that is required involves an X-ray of the neck joint. Referral for this assessment can be obtained via your child's consultant OR GP.

Conditions that may need further investigation or consideration. Please ✓ all that apply

CONDITION	✓
Recent surgery (please provide details)	
Cardiac circulatory conditions	
Epilepsy (including requirement for oxygen)	
Respiratory conditions including asthma	
Unstable joints/Painful joints	

CONDITION	✓
Hydracephalus (shunt)	
Vertigo, blackouts, nausea	
Gastrostomy/Colostomy bag	
Hip dislocation (semi or full)	

CONDITION	✓
Open wounds	
Hiatus hernia	
Other	
Osteoporosis	

If your child's health and medical screening are satisfactory, they will participate in Rebound Therapy, during their PE sessions. If there is any change in your child's medical status, please ensure the school is promptly informed.

Signed: _____ Print Name: _____
(Parent/carer name)

Any further details that you may need to add, please continue overleaf.
Please note we can access the information from class staff so only details that may relate directly to trampolining are necessary.