



CONFIDENTIAL MEDICAL HISTORY

This information is intended to assist the riding centre in case of any emergency. Medical and learning difficulties need to be discussed, so the instructors are able to accommodate accordingly.

Rider's Name:Date of Birth:.././....

Address:.....Post Code:.....

Email:Rider's mobile:

Describe Learning Concerns if any.....

.....

Name and Telephone Number of Emergency Contact

Name:.....Relationship to rider:.....

Telephone: Home:..... Work:..... Mobile:.....

Emergency Contacts for Riders Under 18

Mother/Guardian Full Name:.....

Telephone: Home:..... Work:..... Mobile:.....

Father/Guardian Full Name:.....

Telephone: Home:..... Work:..... Mobile:.....

Medicare Number: Ambulance Subscription: Yes No

Name of Family Doctor: Contact Telephone Number:.....

Private Health Insurance: Name:..... Type of Cover:.....

Please circle if you suffer from any of the following:

- | | | | | |
|------------|-----------------|-----------------|-------------------------------|--------------------|
| Asthma | Diabetes | Epilepsy/Fits | Fainting/Dizziness | Blackouts/Migranes |
| Disability | Heart Condition | Blood Condition | Allergic Reactions (eg. bees) | |
| Pregnancy | Uneven Pupils | Recent Injuries | Other:..... | |

Allergies (eg, drugs/foods)

Describe reaction:

Tetanus Immunisation:

It is particularly important that people dealing with horses are immunized against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT.

Year of last tetanus immunisation:

Medication

Is it necessary for you to carry your own medication at all times?

Name of Drug:..... Dosage:..... Frequency:.....

Consent to Medical Attention

I authorize the administration of first aid and if necessary the calling of an ambulance.

I agree to pay all expenses incurred for any medical treatment deemed necessary.

Name:.....

Signature(Parent/Guardian U18):.....

Date:.....