

CONFIDENTIAL MEDICAL HISTORY FOR CHILDREN

This information is intended to assist the riding school in case of any emergency with your child.
Learning difficulties need to be discussed, so the instructors are able to accommodate accordingly.

Name of rider:.....DOB

Address:.....
.....

Please disclose any physical impairment
.....
.....

Full name of contact person
.....

Relationship to rider
.....

Contact Telephone Numbers: Home.....Work

Mobile

Name of family doctorContact Number

Please circle if you suffer from any of the following:
Asthma Diabetes Fits of any type Heart condition Dizzy spells Migraines
Blackouts Uneven Pupils Other.....

Allergies:.....

Describe reaction:.....

Tetanus Immunisation
It is particularly important that people dealing with horses are immunized against tetanus.
Year of last tetanus immunisation

Medication
Please write the name, dose and frequency of medication on reverse side of sheet.

Consent to Medical Attention

Where the instructor in charge is unable to contact me, I authorise the instructor in charge to administer first aid and call an ambulance as the instructor in charge may judge to be reasonably necessary.

Signature of Parent:Date: