



# HUNTINGFIELD PONY & RIDING CLUB INC

PO BOX 163, KINGSTON, TAS 7051

## HEALTH STATEMENT & CONSENT FORM

**Rider's Name:**

I, \_\_\_\_\_ being the parent of \_\_\_\_\_ do hereby give permission for an officer of the Huntingfield Pony & Riding Club Inc. to take whatever steps necessary in the case of an emergency with either my child or horse in the event of an accident during my absence from any official club activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Main contact person/s at pony club events:**

Name	Phone

**Other Emergency Contacts:**

Name	Phone

**Normal Doctor:**

<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	

**When was the rider's last tetanus injection given?** \_\_\_\_\_

**Does the rider suffer from asthma?** YES NO

If yes, please attached asthma plan prepared by doctor.

**Is the rider allergic to any drugs?** YES NO

If yes, please give details and action plan:

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**Does the rider have any allergies other than drugs?** YES NO

If so, please give details and action plan (ie jack jumpers, peanuts):

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**Does the rider have any other medical problems** YES NO

If yes, please provide details:

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