



CONFIDENTIAL FORM

Medical information on member attending Chard Equestrian Pony Club Camp 2016.

This form is to be completed by the parent/guardian of each Pony Club member attending camp.

Name of attendee

Date of birth.....

Name of parent/guardian

Telephone number (day time) (evenings).....

Mobile number.....

Address.....

.....

Authorised contact if parent not available

Tel no.....

Member's General Practitioner:

NAME

NAME & ADDRESS OF PRACTICE:

.....

Does he / she have any of the conditions listed below:

Asthma YES / NO

Epilepsy YES / NO

Migraine YES / NO

Diabetes YES / NO

Dyslexia YES / NO

Hay fever YES / NO

Any skin complaint YES / NO

★ If yes please give details

Any other problem of which we should be aware?.....

.....

Religion, if applicable to medical treatment.....

Does he / she regularly take any form of medication, if so what?

.....

Does he / she have any visual or hearing problems? YES / NO

Date of last Tetanus injection (any adverse reaction?)

In the event of my daughter/son requiring emergency medical or dental treatment whilst taking part in the Chard Equestrian Pony Club activity as described above and an officer or other responsible adult being unable to contact either myself or other person with a parental responsibility for my daughter/son, I hereby authorise the person in charge or other officer of the Chard Equestrian Pony Club Camp to obtain such medical, or dental treatment for my child as they in their absolute discretion think necessary after consultation with a medical or dental practitioner. This authority extends to all medical and dental treatment including the giving of an anaesthetic where necessary.

Signed

Date