

**RIDER CONTACT &  
EMERGENCY DETAILS**

**Rider's Details**

Name: .....

Address: .....

DOB: ..... Height: ..... Weight: .....

Religion (if applicable): .....

Food Allergies: .....

Special Dietary Requirements: .....

Medicare No: ..... Ambulance No: .....

**Medical Statement**

**Please circle the correct response to the following questions**

1. Have you been immunised for Tetanus Yes No Date: .....

2. Do you suffer with any of the following complaints? If Yes, please give details.

- |                                |     |    |       |
|--------------------------------|-----|----|-------|
| • A.D.S                        | Yes | No | ..... |
| • Allergic reactions           | Yes | No | ..... |
| • Asthma                       | Yes | No | ..... |
| • Bladder/Bowel complaints     | Yes | No | ..... |
| • Diabetes                     | Yes | No | ..... |
| • Dyslexia                     | Yes | No | ..... |
| • Eating problems              | Yes | No | ..... |
| • Epilepsy                     | Yes | No | ..... |
| • Hay Fever                    | Yes | No | ..... |
| • Migraine                     | Yes | No | ..... |
| • Nerve Disorder               | Yes | No | ..... |
| • Skin Complaints              | Yes | No | ..... |
| • Visual or hearing complaints | Yes | No | ..... |
| • Other                        | Yes | No | ..... |

3. Is it expected that your child will require any medication/? YES / NO

If yes, Name of drug .....  
 How taken injection/tablet/capsule/other .....  
 Dosage .....  
 How often administered .....  
 By whom administered .....

4. Is there any other information about your child that officials should be aware? YES/NO

To the best of my/our knowledge, the above details are correct.

Parent/Guardian Name: .....

Signature: ..... Date: .....

## Emergency Contact Details

**Emergency Contact Name:** .....

Relationship to the rider: .....

Phone (1): ..... Phone (2): .....

Phone (mob): .....

**Alternative Emergency Contact Name:** .....

Relationship to the rider: .....

Phone (1): ..... Phone (2): .....

Phone (mob): .....

### Parental Consent – Riders under the age of 18 years

I/We ..... being the Parent/Guardian of .....

1. Hereby grant permission to the official personnel of the Australian Pony Club National Championships to authorise any necessary medical treatment to my son/daughter in the event of illness or injury caused whilst away from my control at the Championships at the Sydney International Equestrian Centre, Horsley Park.
2. While every endeavour will be made to contact parents/guardians in the event of a medical emergency, should contact not be made, the official personnel are authorised to give permission to recognised Medical Authorities for necessary medical treatment for my son/daughter.

Parent/Guardian Name: .....

Signature: ..... Date: .....

### Consent – Riders over the age of 18 years

I .....

1. Hereby grant permission to the official personnel of the Australian Pony Club Championships to authorise any necessary medical treatment to myself in the event of illness or injury caused while I am unable to make this judgement myself at the Championships at Sydney International Equestrian Centre, Horsley Park.
2. While every endeavour will be made to contact parents/guardians in the event of a medical emergency, should contact not be made, the official personnel are authorised to give permission to recognised Medical Authorities for necessary medical treatment for myself.

Rider's Name: .....

Signature: ..... Date: .....