

CONFIDENTIAL – Medical Consent Form 2018
Information on Members attending Pony Club Camps, Courses or Visits



This form is to be completed by the person who has parental responsibility of each Pony Club Member.

Date of Camp / Course / Visit From _____ To _____

BRANCH / LINKED CENTRE Tiverton Hunt Branch of the Pony Club

Name of Member _____ Date of Birth _____

Name of Parents / Guardian _____

Authorised contact if parent unattainable _____ Tel. No. _____

Address of Parents / Guardian _____

Tel. Number (Day) _____ (Night) _____

Fax Number _____ Email _____

Member's General Practitioner NAME _____

NAME & ADDRESS OF PRACTICE _____

Does he / she suffer from:

* Asthma	YES / NO	* Epilepsy / Fainting	YES / NO
* Migraine	YES / NO	* Diabetes	YES / NO
* Dyslexia	YES / NO	* Hay Fever	YES / NO
* Heart / Lung Disorder	YES / NO	* Bone / Joint Impairment	YES / NO
* Vision / Hearing Defects	YES / NO	* Allergy to Drugs / Food	YES / NO
* Gynaecological Disorders	YES / NO	* Ear, Nose & Throat	YES / NO
* Gastro-intestinal Disorders	YES / NO	* Any skin complaint	YES / NO

Are contact lens worn? YES / NO Religion, if applicable to Medical Treatment _____

Any other problem of which the Welfare Officer should be aware? _____

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

Are there any current injuries / recent operations / medical treatments? YES / NO If so, please explain.

Any previous operations, e.g. appendix? YES / NO If so, please explain

Date of last Tetanus Injection _____ (Any adverse reaction?)

Blood Group (if known) _____ Is he / she a Vegetarian? YES / NO

Does he / she have any special dietary or other requirements? _____

In the event of my daughter / son requiring emergency medical or dental treatment whilst taking part in the 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 District Commissioner or other Officer of the Pony Club 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.

Data provided will be stored and used in line with The Pony Club Data Protection Policy. This can be found on The Pony Club website.

Signed _____ Date _____