

**Confidential**

## Information on Members attending Pony Club Camps, Courses or Visits

**This form is to be completed by the Parent / Guardian of each Pony Club Member.**

Date of Camp / Course / Visit: From..... to .....

Pony Club Branch: ..... Area: .....

Name of Member: ..... Date of Birth: .....

Address (including postcode): .....

.....

Name of Parent / Guardian : .....

Tel no: Day..... Night.....

Mobile (if different from above): .....

Email: .....

Authorised contact if parent unattainable: .....

Tel no: Day..... Night .....

Mobile (if different from above): .....

Name of Member's GP: .....

Name & Address of Medical Practice: .....

.....

..... Tel no .....

Does the member 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 lenses worn? YES / NO

\* Are there any current injuries / recent operations / medical treatments? YES / NO

\* Any previous operations, e.g., appendix YES / NO

If YES to any of the above please give details: .....

.....

Does he / she regularly take any form of Medication? If so, please give details .....

.....

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

Blood Group (if known) .....

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

.....

Religion (if applicable to Medical Treatment): .....

Does he / she have any special dietary 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 me 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.

Signed: .....

Date: .....

Signature of Parent/Guardian if under 18 years of age: .....

Date: .....