



Yarrambat Horse & Pony Club Inc.

A0004805K

Medical Information Form

Name of rider:

Name of parent/s:

Parent/Guardian contact number – Home:..... Mobile:

Emergency contact name & number:

Relationship to rider:.....

A child with an existing medical condition that may require treatment or special care should be accompanied by a parent at all times.

Existing medical conditions:.....

Allergies (if any):.....

Any relevant additional medical information:.....

.....

.....

Parental Medical Consent Authority

I understand that in the event of this rider requiring medical attention, every effort will be made to inform me first. However, if I cannot be informed, I hereby authorise an Executive member of the Committee to obtain such treatment as considered necessary at the time. I also authorise an Executive member of the Committee to seek assistance for this rider, in the case of emergency. I also undertake to reimburse the Yarrambat Horse & Pony Club for any cost incurred.

Signature of parent/guardian:..... Date:.....

Medicare number: Ambulance cover number:.....

The Committee recommends that all riders have ambulance cover. Please note that not all health insurance policies include ambulance cover.

Post this form to the address below or email to the Secretary: aussie.angler@bigpond.com

Address

Yarrambat Horse and Pony club
PO Box 37
Yarrambat 3091
Email secretary@yhpc.org.au

Contact

President	Tony Brocksopp	0412 355 235
Secretary	Teha Smart	0412 217 190
District Commissioner	Sinead Hanlon	0425 759 565
Membership Coordinator	Genevieve Brocksopp	0413 442 287

