



Southland Riding for the Disabled Association Incorporated

Parents Agreement and Medical Information Form

Child's name: _____

School: _____ Class: _____

1. I give permission for my child to take part in the programme run by the Southland Group, Riding for the Disabled, at the grounds, corner of Oreti and Erskine roads Otatara, during operating hours.
2. The written approval of Dr _____ a registered medical practitioner, is available for inspection.
3. I agree that my child should take part in the activities and duties involved in the programme.
4. I agree that medical assistance is to be obtained if the person in charge thinks that is necessary.
5. I agree that neither my child's school nor the members of its staff acting in the course of their employment will be held liable for any claim arising from any accident occurring during the course of a Riding for the Disabled session.
6. I accept that my child's school will not accept responsibility for loss or damage to personal property.*
7. Should my child be involved in a serious disciplinary problem I accept that he or she may be returned to school (or if more appropriate at the time, to his or her home) at my expense.

Signature(s) of Parent (s)/ Guardian (s) _____

Address: _____

Date: _____

* Parents are advised to check their own householder's insurance policy.