



This form is to be completed by the rider's doctor. An annual update is recommended for each rider.

## Medical Consent Update

### Southland Group Riding for the Disabled

Dear Dr/Mr \_\_\_\_\_

With reference to \_\_\_\_\_

Following a course of therapeutic riding for \_\_\_\_\_  
He/she has made the following progress / non progress \_\_\_\_\_

It is necessary to update medical consent every 12 months.

**Current Weight** \_\_\_\_\_ **kg**

If there have been significant changes that would mean that this client **could not continue** with the riding programme and associated activities please comment below.

Comments

**In my opinion** this person can participate in a riding programme and associated activities with appropriate supervision.

Physician's signature: \_\_\_\_\_

Physician's name \_\_\_\_\_

Address \_\_\_\_\_ Tel/Fax \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_