



This form is to be completed by the rider's doctor before starting the riding programme. Please also attach a copy of separate sheet 'Information for Physician'

## Medical Consent

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I give permission for Dr \_\_\_\_\_ to supply relevant medical information to the Southland Group RDA for the purpose of establishing a riding programme.

Signed dated \_\_\_\_\_  
(Client / Parent / Legal Guardian)

Diagnosis \_\_\_\_\_

Surgical Procedures / or Devices / or Orthoses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weight \_\_\_\_\_ kg

Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Epilepsy \_\_\_\_\_

Infectious Diseases \_\_\_\_\_

Other Relevant Information / Precautions \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to:

Address:

Southland Group RDA

PO Box 1513 Invercargill

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