

**PONY CLUB ASSOCIATION OF TASMANIA Inc.**

**Tasmanian Pony and Riding Club Inc**

**HEALTH STATEMENT & CONSENT FORM**

**RIDER'S NAME** .....

I..... being the parent of the above named do hereby give permission for an officer of the Tasmanian Pony and Riding Club to take whatever steps necessary in the case of an emergency with either my child or horse in the event of an accident during my absence from any official club activity.

**Signature**..... **Date**.....

**Emergency Mobile Phone numbers:** Parent name:.....Mobile:.....

Parent name:.....Mobile:.....

When was the rider's last tetanus injection given? .....

Does the rider suffer from asthma? YES/NO

If yes, please attach asthma plan prepared by doctor

Is the rider allergic to any drugs? YES/NO

**If yes, give details and attach action plan: (If life threatening e.g. anaphylaxis)**

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Does the rider have any allergies other than drugs (i.e. peanuts, jack jumper etc)? YES/NO

**If yes, give details and attach action plan:**

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Does the rider have any other medical problems? YES/NO

**If yes, give details**

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