

# APPLICATION FORM

## ANNEXURE C

### MEDICAL HISTORY (CONFIDENTIAL)

To be completed by a parent/guardian if applicant is under 18.

#### EMERGENCY CONTACT DETAILS

Full Name	Full Name
Relationship	Relationship
Telephone	Telephone
Mobile	Mobile

#### PRE-EXISTING MEDICAL OR OTHER CONDITIONS

Are there any pre-existing medical or other conditions that may affect the rider or put other people at risk? If yes, please list.

  

#### ALLERGIES

Does the rider suffer from any allergies? If yes, please list and describe reaction.

  

#### MEDICATION

Is it necessary for the rider to carry their own medication at all times? If yes, please name drug, dosage and frequency.

Year of last tetanus immunisation

More than one rider?  No  Yes (Refer to "Annexure C")

#### Consent to Medical Attention

I authorise the Staff at Scenic NSW Equine Centre to administer first aid and call an ambulance if necessary for the medical attention of myself/my child. I agree to bear any cost thereby incurred.

Signed	Full Name
	Date