|  |
| --- |
| Consent to release Medical Information - Rider/Parent/Legal Guardian to complete |
| Rider |  | Date of Birth |  |
| Ethnicity |  | Weight |  |
| Parent/ Legal Guardian |  | email |  |
| Address |  | Telephone |  |
| Mobile |  |
| I give my permission for the sharing of relevant medical information for the purpose of establishing a riding programme. Such information will be regarded as confidential, with storage and use only in accordance with the Privacy Act 1993. |
| Signature (Rider/ parent/ Legal Guardian) |  | Dated |  |
| Medical Information and Consent - Physician to complete and return to RDA Group*(see over for additional information)* |
| Diagnosis |  |
| Surgical procedures, devices, orthoses |  |
| 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 name |  |
| Signature |  | Date |  |
| Address |  | Telephone |  |
| Email |  |
| Return Information  |
| Please Return completed form to | THIS FORM MUST BE SENT VIA EMAIL TO SECRETARY@RDADUNEDIN.ORG BEFORE TERM STARTS |
| Received by |  | Date |  |

Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing the form, please note whether these conditions are present and to what degree.

|  |  |
| --- | --- |
| **Orthopaedic**Spinal fusionSpinal instabilities/abnormalitiesAtlantoaxial instabilitiesScoliosisKyphosisLordosisHip subluxation and dislocationOsteoporosisPathologic fracturesCoxas arthrosisHeterotopic ossificationOsteogenesis imperfectaCranial deficitsSpinal orthosesInternal spinal stabilisation devices | **Medical / Surgical**AllergiesCancerPoor enduranceRecent surgeryDiabetesPeripheral vascular diseaseVaricose veinsHaemophiliaHypertensionSerious heart conditionStroke (cerebrovascular accident) |
| **Neurologic**Hydrocephalus/shuntSpina bifidaTethered cordChiari II malformationHydromyeliaParalysis due to spinal cord injurySeizure disorders | **Secondary Concerns**Behaviour problemsAge under two yearsAge two – four yearsAcute exacerbation of chronic disorderIndwelling catheter |

For persons with Down Syndrome a Cervical X-Ray for atlantoaxial instability may be required.

For information on precautions and contraindications please contact the National Training Manager, NZRDA 04 234 6090.