|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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](mailto: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 fusion  Spinal instabilities/abnormalities  Atlantoaxial instabilities  Scoliosis  Kyphosis  Lordosis  Hip subluxation and dislocation  Osteoporosis  Pathologic fractures  Coxas arthrosis  Heterotopic ossification  Osteogenesis imperfecta  Cranial deficits  Spinal orthoses  Internal spinal stabilisation devices | **Medical / Surgical**  Allergies  Cancer  Poor endurance  Recent surgery  Diabetes  Peripheral vascular disease  Varicose veins  Haemophilia  Hypertension  Serious heart condition  Stroke (cerebrovascular accident) |
| **Neurologic**  Hydrocephalus/shunt  Spina bifida  Tethered cord  Chiari II malformation  Hydromyelia  Paralysis due to spinal cord injury  Seizure disorders | **Secondary Concerns**  Behaviour problems  Age under two years  Age two – four years  Acute exacerbation of chronic disorder  Indwelling 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.