



## Medical information

Date:

### Contact Information

Rider Name			
Rider DOB			
Parent/Guardian Name			
Phone number			
Emergency Contact Name		Phone :	

### Medical information

Known Medical condition/s			
Known Allergies		Does the rider have an adrenaline autoinjector related to the allergy?	YES / NO / NA
Known Disability			
Any additional information			

Any rider with an existing medical condition that may require treatment or special care must be accompanied by a parent/guardian at all times.

#### Parental Medical Consent Authority

I understand that in the event of this rider requiring medical attention, every effort will be made to inform me first. If I cannot be informed, I hereby authorize a member of the YHPC Committee to obtain such treatment and assistance as considered necessary at the time. I also undertake to reimburse the Yarrambat Horse and Pony Club for any costs incurred.

Signature of Parent / Guardian/Rider (if over 18):

Date:

Medicare Number:

Ambulance Number:

The Committee recommends that all riders have ambulance cover. Please note that not all health insurance policies include ambulance cover.

#### Address:

Yarrambat Horse & Pony Club Inc.  
PO Box 37  
Yarrambat VIC 3091  
Email – [yhpcsecretary@gmail.com](mailto:yhpcsecretary@gmail.com)

#### Contact

President	Andrew Shephard	0407 411 147
Secretary	Fiona Heseltine	0412 958 864
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Membership	Ashley Davies	0448 927 839