



## MEDICAL HISTORY & EMERGENCY CONTACTS FORM

The information you provide on this Medical History Form will be kept by your Pony Club in a secure place and used only in the event of an emergency.

### Personal Details

First Name: ..... Last Name: .....  
Sex: ..... Vehicle/Float Reg No.: .....  
Date of Birth: ..... Age: .....  
Height: ..... Weight: ..... Blood Group: .....  
Do you object to blood transfusions?  Yes  No  
Have you been immunised for Tetanus  Yes  No If Yes, Date: .....

### Emergency Contacts

Full Name ..... Relation: .....  
Phone (h) ..... Phone (w): .....  
Full Name ..... Relation: .....  
Phone (h) ..... Phone (w): .....

### Health Cover Details

Medicare No.: .....  
Do you have Ambulance Cover?  Yes  No Ambulance No.: .....  
Do you have Private Health Cover?  Yes  No Fund: .....

### GP & Dentist Details

Private Doctor: ..... Phone: .....  
Address: ..... Suburb/Town: .....  
Private Dentist: ..... Phone: .....  
Address: ..... Suburb/Town: .....

### Health History

Are you affected by any of the following conditions?

Epilepsy  Yes  No  
Diabetes  Yes  No  
Heart Problems  Yes  No  
Asthma/Bronchitis  Yes  No  
Pregnancy  Yes  No  
Allergic reactions  Yes  No  
Diabetes  Yes  No  
Other (please specify)  Yes  No

If Yes to any of the above, please give details of condition(s) and special requirements



## MEDICAL HISTORY & EMERGENCY CONTACTS FORM

Regular medications including supplements, stating name and dosage: .....

Sports injuries (please list any injury, which is current/recurring or requires surgery): .....

**Do you wear?**

Glasses:  Yes  No Contact Lenses:  Yes  No

I certify that the information given on this form is to be best of my knowledge a true account of my current physical condition.

Rider Name: ..... Signature: ..... Date: .....

Parent/Guardian: ..... Signature: ..... Date: .....

### Medical Release

**Member over 18 years**

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Rider Name: ..... Signature: ..... Date: .....

**Member under 18 years**

If emergency medical care is required for my child ..... and if permission is not available in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Parent/Guardian: ..... Signature: ..... Date: .....

**CLUB USE ONLY**  
*Note: This form to be given to all new member applicants*  
*Store form securely in clubhouse.*