

DELNY RIDING CENTRE

Medical Information

Name.....

Please provide any medical information that may affect your health whilst doing riding activities. i.e. Allergies/ Asthma/Epilepsy/Diabetes/Pregnancy etc.

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Do you carry medication with you to treat this condition – if so, whereabouts could a member of staff locate it if needed in an emergency, and what dosage should be given? i.e. Epipen/Ventilin/Inhaler/Insulin.

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In case of emergency

It may be necessary for medical assistance to be obtained for you whilst you are unable to communicate your agreement.

Name of contact.....

Telephone Number.....Mobile.....

Relationship.....

- I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed.
- I authorise any staff member of **Delny Riding Centre** to administer my prescribed medication in the event of my needing it in an emergency situation.
- I understand that **Delny Riding Centre** accept no responsibility for loss, damage or injury caused by or during the attendance on any of the activities, except where such loss, damage or injury can be shown to be the result directly from the negligence of **Delny Riding Centre**.

I.....Hereby give permission for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature.....

Print Full Name.....Date.....