

Equestrian Victoria in conjunction with Jumping Victoria will use this information if your child is involved in a medical emergency. **All information is held in confidence.** The medical information on this form must be current when the training program is run.

Parents are responsible for all medical costs if a student is injured on a jumping squad training weekend or associated jumping squad event/activity. Equestrian Australia members are covered under Gow Gates Insurance while participating in jumping squad program activities.

Both pages must be filled out and returned before commencing any squad activities.

SQUAD PARTICIPANT DETAILS

Member's Full Name: _____

Members Address: _____

Postcode: _____

D.O.B: _____

PARENT AND EMERGENCY CONTACT DETAILS

Parent/Guardian: _____

Mobile Number: _____

Emergency Contact Full Name: _____

Contact Number (during training weekends): _____

MEDICAL INFORMATION

Medicare Number: _____

Medical/hospital insurance fund: _____ Member Number: _____

Ambulance subscriber? Yes No If yes, ambulance number: _____

Please tick if you/your child is living with any of the following health conditions:

- Asthma (if ticked a copy of an complete Asthma Management Plan must be provided).
 Anaphylaxis (if ticked an updated copy of an Individual Management Plan must be provided).
 Blackouts Diabetes Dizzy Spells Migraine
 Heart Condition Fits of any type Other: _____

Allergies - please tick applicable allergies and provide the following information:

Drugs: _____

Food: _____

Other: _____

What special care is recommend?

Year of last tetanus immunisation: _____

Medication

- Drugs: _____
- Food: _____
- Other: _____

What special care is recommend?

Year of last tetanus immunisation: _____

MEDICAL CONSENT

By signing this form, I acknowledge the terms and conditions of Equestrian Victoria.

Squad members under 18 years of age:

Where the Equestrian Victoria personnel on duty are unable to contact me, or it is otherwise impracticable to contact me, I authorise the Equestrian Victoria personnel on duty to:

- Consent to my child receiving any medical or surgical deemed necessary by a medical practitioner.
- Administer such first-aid as the Equestrian Victoria personnel on duty judges to be reasonably necessary.

I also acknowledge, that to the best of my knowledge, all information contained on this form is correct.

Parent/Guardian Signature: _____ Date: _____

Squad members 18 years and over:

I authorise the Equestrian Victoria personnel on duty to:

- Consent to receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the EV personnel on duty judges to be reasonably necessary.

I also acknowledge, that to the best of my knowledge, all information contained on this form is correct.

Squad Member Signature: _____ Date: _____