

| 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 <i>(see over for additional information)</i> | | | |
| 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 - RDA Group to complete | | | |
| Please Return completed form to | [Group postal address] Or by email to [group email address] | | |
| 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.

| | |
|--|---|
| <p>Orthopaedic</p> <p>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</p> | <p>Medical / Surgical</p> <p>Allergies Cancer Poor endurance Recent surgery Diabetes Peripheral vascular disease Varicose veins Haemophilia Hypertension Serious heart condition Stroke (cerebrovascular accident)</p> |
| <p>Neurologic</p> <p>Hydrocephalus/shunt Spina bifida Tethered cord Chiari II malformation Hydromyelia Paralysis due to spinal cord injury Seizure disorders</p> | <p>Secondary Concerns</p> <p>Behaviour problems Age under two years Age two – four years Acute exacerbation of chronic disorder Indwelling catheter</p> |

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.