



**Group Letter Head / Logo**

This form is to be completed by the Rider's doctor.  
An annual update is recommended for each Rider.

**Medical Consent Update**

**Group** \_\_\_\_\_

Dear Dr/Mr \_\_\_\_\_

With reference to \_\_\_\_\_

\_\_\_\_\_

Following a course of therapeutic riding for \_\_\_\_\_

He/she has made the following progress/non progress \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- It is necessary to update medical consent if significant changes have been noted with the Rider.
- It is preferable that a medical consent update form is completed annually, but it must be completed at a minimum of every 2 years.

If there have been significant changes that would mean that this Rider **could not continue** with the riding programme and associated activities please comment below.

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**In my opinion** this person can participate in a riding programme and associated activities with appropriate supervision.

Physician's signature \_\_\_\_\_

Physician's name \_\_\_\_\_

Address \_\_\_\_\_ Tel/Fax \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_