



Group Letter Head / Logo

This form is to be completed by the Rider's doctor before starting the riding programme. Please also attach a copy of separate sheet 'Information for Physician'

Medical Consent

Name _____ Date of Birth _____

Address _____ Telephone _____

I give permission for Dr _____ to supply relevant medical information to the _____ Group RDA for the purpose of establishing a riding programme.

Signed _____ Dated _____
(Rider/Parent/Legal Guardian)

Diagnosis _____

Surgical Procedures/or Devices/or 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 signature _____

Physician's name _____

Address _____ Tel/Fax _____

Date _____

Please return this completed form to: _____ Group RDA

Address: _____

Received by: _____ Date: _____