WATTLE CREEK EQUESTRIAN CENTRE

MEDICAL CONSENT FORM – PRIVATE & CONFIDENTIAL

Wattle Creek Equestrian Centre has a duty of care to all riders to ensure their safety and the suitability of the programs which we provide. We require each rider with identifiable medical conditions (as nominated by the submitted registration/waiver form) which may or are likely to impact upon their safety when riding fit, competition horses and as such, each rider with identifiable medical conditions must complete a Medical Consent Form as part of the registration process. The primary purpose of the Medical Consent Form is to have an independent medical practitioner verify that the participant does not have any condition which is a contraindication for undertaking horse riding lessons and activities and safety for riding the competition horses at Wattle Creek and horse related activities offered by Wattle Creek Equestrian Centre. Please review the Contraindications list below and arrange for the completion of a medical consent form where applicable as part of the registration process.

When providing an assessment, the medical professional should be aware that the horses at Wattle Creek Equestrian Centre are fit, competition horses which are not suited to sudden changes of mood, behaviour, loud or changing noises, tensing of muscles or sudden changes of position that may tend to spook the horses causing a risk to the rider and horse.

IF any compulsory sections are not completed the consent form will not be accepted.

Please note the form is to be completed by an independent medical practitioner, not a family member. This is a confidential document that will be stored securely and accessible to appropriate personnel for the purposes of intended activities at Wattle Creek Equestrian Centre.

SECTION A – PERSONAL DETAILS			
First Name:		Last Name:	
Date of Birth:		Gender:	
DOCTOR DETAILS:			
Doctor's Name:		Doctor's Stamp & Provider Number:	
Address:			
Phone Number:			

SECTION B – CONTRA-INDICATIONS **(Please refer to the information sheet for specific contraindications relating to Horse Riding)**			
☐ Open pressure wounds or sores	☐ Haemophilia	☐ Uncontrolled seizures	☐ Unstable Spine with high risk of neurological damage or subluxation
☐ Brittle Bones	☐ Tethered spinal cord with symptoms	☐ Violent or aggressive behaviour	☐ Severe allergies or asthma that may cause an anaphylaxis reaction
☐ Chiari malformation	☐ Unreliable, unpredictable or unsafe behaviours resulting from a neurodevelopmental condition or mental illness threatening the safety of the rider, coach or horse?		

If ANY box is ticked for any of the above conditions, Equine Activities are not suitable for this participant. Please complete the signature section at end of document.

SECTION C – MEDICAL CONDITIONS AND IMPLICATIONS

(full nature of medical diagnosis please include secondary conditions e.g. diabetes.)

Does the participant have any of the following?

Impaired hearing	☐ Yes / ☐ No	Impaired vision	☐ Yes / ☐ No
Impaired speech	☐ Yes / ☐ No	Syncope	☐ Yes / ☐ No
Impaired balance	☐ Yes / ☐ No	Respiratory Conditions	☐ Yes / ☐ No
Impaired bladder / bowel control	☐ Yes / ☐ No	Inflammation or pain in joints	☐ Yes / ☐ No
Heart Conditions	☐ Yes / ☐ No	Please comment on participants likely response to exercise:	
Changed muscle tone	☐ Yes / ☐ No	Please comment on muscles affected:	
Drainage Devices	☐ Yes / ☐ No	Type of drainage:	
Impaired circulation / pressure sores	☐ Yes / ☐ No	Please comment:	
Retained Primitive Reflexes: (note that this can be a contraindication to riding and coaching staff will assess safety aspects)	☐ Yes / ☐ No		
Scoliosis: (Please note the spine should have sufficient flexibility to accommodate the movement of the horse. If not please mark in section B.)	☐ Yes / ☐ No	Please comment on the degree, type and location of the scoliosis:	

Asthma and Allergies:	☐ Yes / ☐ No
If yes, please supply a copy of Asthma / Allergy Management Plan	
Any other allergies (dust, pollen, bee sting, animal hair):	
Epilepsy / Seizures	☐ Yes / ☐ No

If Yes, please supply a copy of the Epilepsy Management Plan

<table>
<tr><td colspan="3">Please classify seizures:</td></tr>
<tr><td>Are seizures controlled?</td><td colspan="2">☐ Yes / ☐ No</td></tr>
<tr><td>Precipitating factors:</td><td colspan="2">☐ Yes / ☐ No</td></tr>
<tr><td>Warning sign present at onset of seizure:</td><td colspan="2">☐ Yes / ☐ No</td></tr>
<tr><td>Down Syndrome</td><td colspan="2">☐ Yes / ☐ No</td></tr>
<tr><td colspan="3">Riders with Down Syndrome must have practitioner who is aware of Alanto Axial Instability in people with Down Syndrome complete this form and signify below that over and above the normal risks of such activities it is reasonable the above named person take part as an active participant in equine activities on competition horses.</td></tr>
<tr><td>Name of Practitioner:
Signature:
Date:</td><td colspan="2">Stamp & Provider Number:</td></tr>
<tr><td>Spinal Fusion or External Spine Braces</td><td colspan="2">☐ Yes / ☐ No</td></tr>
<tr><td colspan="3">Riders with Spinal fusion (i.e. Harrington rods) and/or those wearing external spinal braces / orthotics must be examined by an Orthopaedic specialist prior to commencement of equine activities signify below that over and above the normal risks of such activities it is reasonable that the above named person take part as an active participant in equine activities on competition horses.</td></tr>
<tr><td>Name of Orthopaedic Specialist:
Signature:
Date:</td><td colspan="2">Stamp & Provider</td></tr>
<tr><td colspan="3">SECTION D – STATEMENT BY MEDICAL PRACTITIONER</td></tr>
<tr><td colspan="3">Please outline any other relevant medical condition or information which may affect the participant’s response to exercise or any conditions or behaviour that may affect the participant; s safety while undertaking equine activities on competition horses.</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Over and above the normal risks of such activities, it seems reasonable in my opinion for the name person to take part as an active participant in equine activities on competition horses. In this regard, I understand that a Wattle Creek Equestrian will assess suitability and safety of activities based on the medical information provided above.</td></tr>
<tr><td>Name of Medical Practitioner</td><td colspan="2"></td></tr>
<tr><td colspan="2">Signature</td><td>Date</td></tr>
</table>

Office Use Only: