

Seville Pony Club Inc - PCAV MEDICAL HISTORY & EMERGENCY CONTACTS FORM

Association No: A00077085

The information you provide on this Medical History Form will be kept by Seville Pony Club in a secure place and used only in the event of an emergency.

Personal Details

First Name: Last Name:
 Sex: Vehicle/Float Reg No.:
 Date of Birth: Age:

Emergency Contacts

Full Name..... Relation:
 Phone (h) Phone (w):
 Full Name..... Relation:
 Phone (h) Phone (w):

Health Cover Details

Medicare No.:
 Do you have Ambulance Cover? Yes No Ambulance No.:
 Do you have Private Health Cover? Yes No Fund:

GP & Dentist Details

Private Doctor: Phone:
 Address: Suburb/Town:
 Private Dentist: Phone:
 Address: Suburb/Town:

Health History

.....

I certify that the information given on this form is to be best of my knowledge a true account of my current physical condition.

Rider Name: Signature: Date:
 Parent/Guardian: Signature: Date:

Medical Release

Member over 18 years

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Rider Name: Signature: Date:

Member under 18 years

If emergency medical care is required for my child..... and if permission is not available in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Parent/Guardian: Signature: Date: