



**Form 10.2.3**

**PONY CLUB TASMANIA Inc.  
HEALTH STATEMENT & CONSENT FORM**

*Insert name of your Pony Club \_\_\_\_\_ before printing and handing out to members.*

*Put N/A for answers not applicable when given a choice.*

**RIDER'S NAME** \_\_\_\_\_

I \_\_\_\_\_ being the parent/guardian of the above named do hereby give permission for an officer of the \_\_\_\_\_ Club to take whatever steps necessary in the case of an emergency with either my child or horse in the event of an accident during my absence from any official club activity.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Mobile Phone numbers:** \_\_\_\_\_

When was the rider's last tetanus injection given? \_\_\_\_\_

Does the rider suffer from asthma? YES NO  
If yes, please attach asthma plan prepared by doctor

Is the rider allergic to any drugs? YES NO  
If yes, give details and attach action plan:

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

Does the rider have any allergies other than drugs (i.e. peanuts, jack jumper etc.)? YES NO  
If yes, give details and attach action plan:

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

Does the rider have any other medical problems? YES NO  
If yes, give details

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

Please give to your Pony Club when you first join it.