

PORTARLINGTON & DISTRICT PONY CLUB - PCAV MEDICAL HISTORY & EMERGENCY CONTACTS FORM



The information you provide on this Medical History Form will be kept by your Pony Club in a secure place and used only in the event of an emergency. Keep in club – do not send to PCAV

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: