



CONFIDENTIAL

IVEL VALLEY BRANCH OF THE PONY CLUB

MEDICAL FORM FOR ADULTS STAYING AT CAMP

Please complete the following and return to Caroline Warwick or Jessica Kelly.

Date of Camp _____

Please state if you have any medical conditions we should be aware of i.e. nut, bee sting, plaster or any other allergy, asthma, panic attacks or epilepsy.

List here:

.....

Any medicines currently taken, which medical; services may need to know of in an emergency:

.....

CONTACT PERSON/NUMBER IN CASE OF EMERGENCY:

1. Name Relationship

Contact Numbers: Home:

Work:

Mobile:

2. Name Relationship

Contact Numbers: Home:

Work:

Mobile:

In the event that I may require emergency medical treatment whilst taking park in Ivel Valley Branch Pony Club Camp, and an Officer being unable to contact those listed above, I hereby authorise the District Commissioner(s) or any other Officer of the Pony Club to obtain such medical treatment for myself as they, in their absolute discretion, think necessary after consultation with a medical practitioner. This extends to all medical treatment including the giving of an anaesthetic where necessary.

Signed: Date:

Print Name:

N.B. this form will be shredded upon completion of Camp