

Medical Consent Form

PRIVATE AND CONFIDENTIAL

Sunshine Coast RDA Centre is a not for profit organisation providing a range of equestrian activities for people of all ages with a disability. All potential participants, or their responsible parent, guardian, or legal advocate must have read, understood and signed the Consent Form and Sunshine Coast RDA Centre Declaration.

Sunshine Coast RDA Centre has a duty of care to all participants and as, part of that duty, each participant must complete a Medical Form as part of the registration process. The primary purpose of the Medical Form is to have a medical practitioner verify that the participant does not have any condition which is a contra indication for equestrian activities. The information provides the basis for the Sunshine Coast RDA Centre coach to develop the most appropriate and suitable activities for each participant given their presenting condition.

Sections A, B and C are compulsory forms to be completed and returned to the Sunshine Coast RDA Centre. These include:

- SECTION A – Participant Information** – for a Parent or Guardian to complete
- SECTION B – Medical Information** – for your Medical Practitioner to complete
- SECTION C – Disability Information** – for your Medical Practitioner to complete

Sections D and E are only for participants with the following disabilities:

- SECTION D – For riders with Down Syndrome** – for your Medical Practitioner to complete
- SECTION E – For riders with Spinal Fusion** – for your Medical Practitioner to complete

The Medical Consent Form:

- Is a confidential document which is held in secure conditions by the Sunshine Coast RDA Centre.
- Must be completed fully by the applicant's registered Medical Practitioner.
- Once the participants application is processed, the information contained in the Form is stored securely, and is accessible only to the coaches at the centre for the purposes of developing the rider's program and reviewing progress.
- Will not be used for any other purpose.
- Is accessible to the participant, parent / guardian at their request.
- For any condition which is not stable and may improve or degenerate over time, the medical consent must be reviewed at least every three years, or more often as the condition requires.

SECTION A - GENERAL INFORMATION

Name of Participant:

Date of Birth:

Name of Medical Practitioner: Telephone No:

Address:

SECTION B - MEDICAL INFORMATION

Q1. Does the participant take any medication? If yes please list.

Q2. Does the participant have any allergies? If yes please list and include proactive and reactive measures.

Q3. Is the participant currently immunised against Tetanus? Yes No

Q4. Participant's: Height: _____ Weight: _____

Q5. Please complete all questions in the box below by circling either yes or no.

Q5a. Please indicate if you have a disability Yes (If yes please fill in boxes below) No (If No please sign & Date)

Signature (If under 18 Parent/guardian).....Name..... Date.....

Does the participant have:

1. Heart problems	Yes	No	15. Skin Problems	Yes	No
2. Epilepsy	Yes	No	16. Drainage Devices	Yes	No
3. Fainting turns	Yes	No	17. Paralysis	Yes	No
4. Postural Hypotension	Yes	No	18. Flaccidity	Yes	No
5. Hypertension	Yes	No	19. Scoliosis	Yes	No
6. Hearing loss	Yes	No	20. Muscle Overactivity	Yes	No
7. Vision loss	Yes	No	21. Inflammation or Pain		
8. Limited speech	Yes	No	in the joints	Yes	No
9. Sensation loss	Yes	No	22. Chronic Airways	Yes	No
10. Limited Balance	Yes	No	23. Incontinence	Yes	No
11. Reduced circulation	Yes	No	24. Use of any Splints/Braces		
12. Asthma	Yes	No	Corsets / Prostheses	Yes	No
13. Cranial Shunt	Yes	No	25. Is the participant a carrier		
14. Diabetes	Yes	No	of any infectious disease	Yes	No

Please provide additional information for any 'yes' answers

(Please attach additional page if needed)

SECTION C – DISABILITY INFORMATION

Q6. What disability does the participant have? (Please be as specific as possible)

Q7. What level of support does the participant require to complete everyday activities?

Q8. Should the participant have either of the following disabilities, additional information and medical consent must be provided.

Down Syndrome	Yes	No	If YES, SECTION D, must be completed as further medical information is required
Spinal Fusion	Yes	No	If YES, SECTION E, must be completed as further medical information is required.

Q9. If relevant, please outline any other medical condition or information which may affect the participants response to exercise and relevant precautions to be taken, or any particular types of leisure activities from which the participant should be excluded for health reasons:

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in Sunshine Coast RDA Centre activities. In this regard, I understand that a Sunshine Coast RDA Centre Coach or other appropriate person(s) associated with Sunshine Coast RDA Centre, will assess the suitability of activities based on the medical advice given above.

Signature of the Medical Practitioner: **Date:**

Completed sections A, B & C to be returned to the Sunshine Coast RDA Centre. Section D & E to be returned if applicable.

Thank you for your assistance.

SECTION D – PARTICIPANTS WITH DOWN SYNDROME

Sunshine Coast RDA Centre policy requires that riders with Down Syndrome have a Medical Practitioner, who is aware of the possibility of Atlanto Axial Instability in people with Down Syndrome, complete this form, as well as the general Medical Form.

Atlanto Axial Instability in people with Down Syndrome is a contraindication for riding or carriage driving with Sunshine Coast RDA Centre.

Name of Participant: Date of Birth:

Over and above the normal risks of such activities, it seems reasonable, in my opinion for the above named person to take part as an active participant in Sunshine Coast RDA Centre activities.

YES / NO

Do you feel that an annual review of the client is necessary?

YES / NO

Name, Signature and Telephone Number of the Medical Practitioner:

Name:.....Signature:.....
(BLOCK LETTERS PLEASE)

Telephone:Date:

Attach the completed form to Sections A, B & C and return to the Sunshine Coast RDA Centre.

SECTION E – PARTICIPANTS WITH SPINAL FUSION

Sunshine Coast RDA Centre policy requires that riders with a Spinal Fusion (e.g. Harrington or CD Rods) must be examined by an Orthopaedic Specialist **prior** to the commencement of a riding or carriage driving program.

To be completed by an Orthopaedic Specialist / Medical Practitioner.

Name of Participant: Date of Birth:

Q1. Over and above the normal risks of such activities, it seems reasonable, in my opinion for the above named person to take part as an active participant in Sunshine Coast RDA Centre activities. YES / NO

Further comments where necessary:

Name, Signature and Telephone Number of the Orthopaedic Specialist / Medical Practitioner:

Name:.....Signature:.....
(BLOCK LETTERS PLEASE)

Telephone:Date:

Attach to completed form to Sections A, B & C and return to Sunshine Coast RDA Centre.