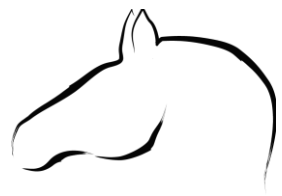


# Pony Camp Booking Form



## MEDICAL DETAILS AND CONSENT

Child/Young Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ NHS number: \_\_\_\_\_

GP Name: \_\_\_\_\_ GP Tel No: \_\_\_\_\_

**Allergies** – Please give details of any known allergies, including details of reaction and treatment Needed (if any)

**Medication** – Please give details of any prescribed medication taken (if none, please state “None”)

Name of Medication	Dosage	Times Given

What action should be taken if a dose of any of the above is missed, refused, vomited etc resulting in the full prescribed dosage not being administered?

May we give your child Calpol or other paracetamol in the recommended dose if he/she has a headache or is unwell	YES	NO
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# Pony Camp Booking Form



Please tell us of all other medical conditions or needs not already detailed:

## Medical Consent:

In the event of my child needing any medical treatment whilst involved in a Hollies Riding School Activity, I agree that a Hollies Riding School specified activity leader or another adult member of staff designated by the Hollies Riding School may give consent for such treatment as seen necessary by a medical professional and which is in the immediate best interest of my child's well-being.

I further consent to the medication I have detailed being administered by Hollies Riding School's activity leader or another adult designated by the Hollies Riding School. I undertake to provide the appropriate medicines clearly labelled and to notify the Hollies Riding School in writing of any changes to the medicine detailed on this form.

**Signature:**

**Date:**

**Parent/Guardian (Please delete)**

**Print Name:**