

<b>Consent to release Medical Information - Rider/Parent/Legal Guardian/Caregiver to complete</b>			
Rider		Date of Birth	
Ethnicity		Weight	
Parent/Legal Guardian/Caregiver		Email	
Address		Telephone	
		Mobile	
I give my permission for the sharing of relevant medical information for the purpose of establishing a riding programme. Such information will be regarded as confidential, with storage and use only in accordance with the Privacy Act 2020. <b>This consent is valid for two years.</b>			
Signature (Rider/parent/Legal Guardian/Caregiver)		Dated	
<b>Medical Information and Consent – Medical Professional to complete and return to RDA Group</b>			
<i>(see over for additional information on how to complete.)</i>			
Health Condition/Diagnosis.			
Surgical procedures, devices, orthoses			
Medication			
Allergies			
Epilepsy			
Infectious diseases			
Other relevant information, precautions			
<b>In my opinion this person can participate in a riding programme and associated activities with appropriate supervision. This consent is valid for two years.</b>			
Medical Professional's name and designation			
Signature		Date	
Address/ Practice/Hospital.		Telephone	
		email	
<b>Return Information - RDA Group to complete</b>			
Please Return completed form to	admin@taurangarda.co.nz		
Received by		Date	

# Information for Medical Professionals

As a requirement to participate in a Riding for the Disabled programme, all riders must first obtain medical clearance to ride. **This document can be completed by either a specialist, surgeon, consultant, GP or Nurse Practitioner.** They must be registered and hold a current annual practicing certificate.

The purpose of this is to ensure the rider does not have any medical or health condition that would be impaired or pose a risk to participating in an RDA programme.

This consent is valid for two years and is reviewed if the Rider is still participating in an RDA programme or after surgery or significant illness.

The following conditions, if present, MAY represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing the form on the opposite page, please note whether these conditions are present and to what degree.

<p><b>Orthopaedic</b></p> <p>Spinal fusion          Spinal instabilities/abnormalities          Atlantoaxial instabilities          Scoliosis          Kyphosis          Lordosis          Hip subluxation and dislocation          Osteoporosis          Pathologic fractures          Coxas arthrosis          Heterotopic ossification          Osteogenesis imperfecta          Cranial deficits          Spinal orthoses          Internal spinal stabilisation devices          Congenital amputation</p>	<p><b>Medical / Surgical</b></p> <p>Allergies          Cancer          Poor endurance          Recent surgery          Diabetes          Peripheral vascular disease          Varicose veins          Haemophilia          Hypertension          Serious heart condition          Stroke (cerebrovascular accident)          Traumatic amputation          Paediatric hip surgery          PEG, Stoma or other external devices.</p>
<p><b>Neurological</b></p> <p>Hydrocephalus/shunt          Spina bifida          Tethered cord          Chiari II malformation          Hydromyelia          Paralysis due to spinal cord injury          Seizure disorders</p>	<p><b>Secondary Concerns</b></p> <p>Behaviour problems          Age under two years          Age two – four years          Acute exacerbation of chronic disorder          Indwelling catheter</p>

For persons with Down Syndrome, further information on the presence of AAI may be required before acceptance in an RDA programme.

Where riders are not participating in ride programmes, this form may be completed by a Health Professional as defined in the Health Practitioner's Competence Assurance Act (HPCA) with current New Zealand registration.

For information on precautions and contraindications please contact the Manager – Programmes, NZRDA 04 234 6090.