

Consent to release Medical Information - Rider/Parent/Legal Guardian/Caregiver to complete					
Rider		Date of Birth			
Ethnicity			ight 75 kg x/Height		
Parent/Legal Guardian/ Caregiver		Em	ail		
Address		Tele	ephone		
Address		Mot	pile		
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. This consent is valid for two years .					
Signature (Rider/parent/ Legal Guardian/ Caregiver)		Dat	ed		
Medical Information and Consent – Medical Professional to complete and return to					
RDA Group (see over for additional information on how to complete.)					
Health Condition/ Diagnosis.		,	/		
Surgical procedures, devices, orthoses					
Medication					
Allergies					
Epilepsy					
Infectious diseases					
Other relevant information, precautions or contraindications to					
riding. In my opinion this person can participate in a riding programme and associated activities with appropriate supervision. This consent is valid for two years.					
Medical Professional's		,			
name and designation					
Signature		Date (to be added to the Stable by Group)			
Address/ Practice/ Hospital.		Tele	ephone		
		Em	mail		
Return Information - RDA Group to complete					
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. They should ideally be the highest level of health professional supporting the rider at the time.

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 horse riding. Therefore, when completing the form on the opposite page, please note whether these conditions are present and to what degree

Orthopaedic	Medical / Surgical
Spinal fusions and/ or presence of rods or wiring. Spinal orthoses Internal spinal stabilisation devices. Spinal instabilities/abnormalities Atlantoaxial instabilities Scoliosis Kyphosis Lordosis Hip subluxation and dislocation Osteoporosis Pathologic fractures Coxas arthrosis Heterotopic ossification Osteogenesis imperfecta Cranial deficits Congenital amputation	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.
Neurological	Secondary Concerns
Hydrocephalus/shunt Spina bifida Tethered cord Chiari II malformation Hydromyelia Paralysis due to spinal cord injury Seizure disorders	Behaviour problems Age under two years Age two – four years Acute exacerbation of chronic disorder Indwelling catheter

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 ridden 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.