



ARUMA HOLDINGS PTY LTD

Medical Information and Acknowledgement Form

561 Tugalong Road
Canyonleigh NSW 2577
PH: (02) 4878 9011
ACN: 88 124 716 212

Name of Rider: _____ Date of Birth _____

Parent/Guardian _____

Address: _____

Phone (H) _____ (W) _____ (M) _____

The following information is intended to assist Aruma Holdings Pty Ltd in case of any emergency with your child:

Learning difficulties need to be discussed so the Leaders are able to accommodate accordingly. Please describe any learning concerns you have:

Does your child suffer from any allergies? Yes / No

If yes, please describe:

Does your child have any existing medical condition/s? Yes / No

If yes, please describe:

Does your child require any medication? Yes / No

If yes, please describe:

Has your child had any injuries in the last 5 years? Yes / No

If yes, please describe including month and year of injury/ies?

Consent to Medical Attention:

I authorize the camp leader employed by Aruma Holdings Pty Ltd to administer first aid and call an ambulance if necessary for the medical attention of my child. I agree to bear the cost thereby incurred.

Medicare Number: _____

Health Fund: _____

I declare that my child is in good health and is fully able to participate in a horse riding camp. I note that my child undertakes participation in such activity with my acknowledgement of the physical demands required and the risks associated with the dangerous activity of horse riding.

I note that my child will be staying at Aruma Holdings Pty Ltd for the purpose of a *Horse Riding camp* during the period:

And that if at any time during this period the camp leader employed by Aruma Holdings Pty Ltd feels that my child should return home, I am required to come and pick up my child without refund of any remaining monies.

Name of Parent / Guardian: _____ Date: _____

Signature: _____