

CLAREMONT THERAPEUTIC RIDING CENTRE (Inc.)

A registered charity

Section C – Medical Certificate – Confidential

Name of Participant.....Date of Birth.....

Name of Medical Practitioner.....

Address.....

Telephone Fax

Brief History

.....

.....

Diagnosis.....

.....

Relevant Medical Information.....

General Information

Nature of Disability.....

Age of onset of Disability.....

Height..... Weight.....

Other relevant information.....

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

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the person named above to take part as an active participant in CTRC activities. In this regard, I understand that the CTRC Senior Coach will assess the suitability of activities based on the medical advice given above.

Signature of Medical Practitioner

Date.....

Down’s Syndrome YES / NO If YES, Section D must be completed as further medical information is required by the centre before we consider this application.