

# BILLABONG RANCH SCHOOL HOLIDAY CAMP MEDICAL FORM

To be completed by parents or guardians of all children taking part in a school holiday camp conducted by Billabong Trail Rides. It is up to the parents or guardians to ensure all information is current.

Rider's Name;.....

Address;.....

.....Post Code;.....

Date of Birth;.....

Phone AH;.....Phone BH;.....

Mobile Phone;.....

**PLEASE INDICATE WHICH CONDITIONS YOUR CHILD MAY SUFFER FROM**

.....ASTHMA    .....ALLERGIES    .....VEGETARIAN    .....MIGRAINES

WOUNDS, INFECTIONS, CONDITIONS REQUIRING MEDICAL  
PRESCRIPTIONS/CURRENT TREATMENT

.....LEARNING DISABILITIES    .....OTHER (SPECIFY)

**DESCRIBE SEVERITY, SYMPTOMS, CAUSES & THE TREATMENT THAT  
MUST BE PROVIDED BY BILLABONG TRAIL RIDES STAFF.**

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.....

Name & Phone Number of Doctor.....

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Medicare Number.....

Ambulance Membership Number.....

I understand that my child rides at his/her own risk as per the indemnity form I have completed & agree that in the event of my child suffering an illness or injury, every attempt will be made by Billabong Trail Ride staff to contact myself. In the event that this is not possible I authorise Billabong Trail Rides to arrange appropriate medical attention, as they deem fit & agree to pay the cost of medical expenses & any ambulance involvement.

Name & Address of  
Parent/Guardian.....

.....Post Code.....

Signed (Parent/Guardian).....Date.....