

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 Ranch. 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 Ranch staff to contact myself. In the event that this is not possible I authorise Billabong Ranch or its employees 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.....