



Group Letter Head / Logo

This form is to be completed by the Rider's doctor.
An annual update is recommended for each Rider.

Medical Consent Update

Group _____

Dear Dr/Mr _____

With reference to _____

Following a course of therapeutic riding for _____

He/she has made the following progress/non progress _____

- It is necessary to update medical consent if significant changes have been noted with the Rider.
- It is preferable that a medical consent update form is completed annually, but it must be completed at a minimum of every 2 years.

If there have been significant changes that would mean that this Rider **could not continue** with the riding programme and associated activities please comment below.

Comments:

In my opinion this person can participate in a riding programme and associated activities with appropriate supervision.

Physician's signature _____
 Physician's name _____
 Address _____ Tel/Fax _____
 _____ Date _____

Received by: _____ Date: _____