



Riding for the Disabled Association (N.S.W.)

EXPLANATION OF THE PARTICIPANT'S CONSENT AND MEDICAL INFORMATION

NOTE: ALL FORMS MUST BE COMPLETED BEFORE RIDING COMMENCES

RDA (NSW) is a volunteer organisation providing equine assisted activities for people with disabilities to develop and enhance abilities.

This form comprises the following sections:

EXPLANATION SHEET	about the participants form
SECTION 1- Participation consent	to be completed by Parent, Guardian or participant over 18
SECTION 2-Medical information (and contraindications)	to be completed by participant's registered medical practitioner
SECTION 3 - Down Syndrome	applicable to participants with Down Syndrome
SECTION 4 - Spinal Fusion	applicable to participants with spinal fusion

All sections must be completed before we can consider this applicant.

All potential participants, or their responsible parent, guardian or legal advocate must have read and signed that they have understood all sections of the participation form and ensure it is fully completed.

The applicant's registered Medical Practitioner must complete Section 2 - the medical information form.

RDA (NSW) has a duty of care to all participants and as part of that duty each participant must complete a Participation form as part of registration process prior to acceptance for entry into a programme.

The primary purpose of the Section 2 - Medical is to have a registered Medical Practitioner verify that the participant does not have any condition which may be aggravated by equestrian activities. The use of the medical practitioner's stamp or sticker is mandatory.

Essential extra sections for:

Applicants with Down Syndrome - Section 3 also to be completed by a registered Medical Practitioner.
Applicants with Spinal fusion - Section 4 also to be completed by a registered Orthopaedic Specialist.

To set achievable goals for each participant, the RDA (NSW) Coach requires information on the participant's current condition to create appropriate programs.

RDA (NSW) PRIVACY STATEMENT

RDA (NSW) is committed to protecting the privacy of its volunteers and clientele and implements the National Privacy Act (amended) 2012. It only collects information necessary to carry out its work. All information is kept secure and confidential and is not disclosed to third parties. The information obtained on this form will be used solely for the tasks involved with being an RDA (NSW) volunteer, being able to contact the volunteer, the processing of this application and for no other reason. Individuals may request to view any of their personal information held by RDA (NSW).

RDA (NSW) is aware of and committed to providing services in line with the National Disability Service Standards.



Riding for the Disabled Association (N.S.W.)

UPDATE of this form

For any condition that is not stable and may improve or degenerate over time the medical consent must be renewed at least every **three** years, or more often as the condition requires, **at request of coach, including weight updates.**

_____ **Centre** **Year Completed** _____

SECTION 1 PARTICIPANT'S CONSENT

Page 1 of 2

PARTICIPANT INFORMATION

Name of Participant Date of Birth

Address

.....TelephoneE-mail

Height Weight.....kg

Onset of disability (age or date).....

Brief description of disability
.....

Any other relevant information
.....
.....

Member of Ambulance service/Amb Ins cover Yes/No Membership No.

EMERGENCY CONTACT:

ADDRESS:
(if different from above)

TELEPHONE: Home Work.....

Mobile Email.....

Relationship to participant
.....

I give permission for (name of participant) to participate in RDA (NSW) programmes.

Please circle YES/NO

RDA (NSW) Coaches may need further information about a participant's medical condition, in addition to the information on the form. I agree to the release of information about the participant's medical condition on the understanding that such information will only be used to help the participant to gain more benefits from RDA (NSW) activities.

Please circle YES/NO

I provide permission for use of photos/videos for the following:			
YES/NO	TVYES/NO	Print Media	YES/NO Website Yes/No
			ESR - 2016 PAGE 2 OF 9
Signature		Date	



Riding for the Disabled Association (N.S.W.)

SECTION 1 PARTICIPANT'S CONSENT

Page 2 of 2

I agree for the above-named participant to be allowed emergency medical treatment, if necessary, whilst taking part in any RDA (NSW) activity.

Please circle YES/NO

I understand that no liability can be accepted by RDA (NSW) or the Centre concerned in the event of an injury or accident occurring.

Please circle YES/NO

Equestrian activities (including but not limited to recreational and therapeutic riding) can be inherently dangerous. I understand that horses can act in a sudden and unpredictable way, especially if frightened or hurt. Accidents can happen in equestrian activities which may result in injury or death to participants.

I have voluntarily read and understand this warning and acknowledge and assume the risk in equestrian activities (including but not limited to recreational & therapeutic riding).

Please circle YES/NO

I understand that RDA (NSW) retains the right to refuse any person entry to any RDA (NSW) activity if it is reasonably believed that participation may be detrimental to the potential applicant, the coaches, helpers and/or horses.

NOTE: Each Centre determines the safe weight bearing capacity of their horse.

Please circle YES/NO

I understand it is the participant's responsibility to inform the RDA (NSW) Coach in writing of any new or changes to their medication that may impact on their ability to participate in an RDA (NSW) programme.

Please circle YES/NO

I have read and fully understood the contents of this Explanation & Participant consent form

SignatureDate.....

By self if over 18 and able to sign or Parent/Guardian/Legal advocate (please circle)

Centre Use Only – for ESR-04 participants

Date of Ride

A COPY of this completed form (ESR-01 Pages 2 & 3) should be sent to State Office for insurance purposes. The Original should be retained at the centre.



Riding for the Disabled Association (N.S.W.)
SECTION 2 MEDICAL INFORMATION CONFIDENTIAL

Page 1 of 3

Please Print **Year Completed** _____

Name of ParticipantDate of Birth.....

Name of Medical PractitionerPhone.....

Address (Medical Practitioner).....

Diagnosis

Brief History (if useful)

Does the participant have: (please ensure ALL questions are answered)

1. Medication	Yes	No	17. Heart Problems	Yes	No
2. Epileptic type fits	Yes	No	18. Drainage Devices	Yes	No
3. Fainting Turns	Yes	No	19. Paralysis	Yes	No
4. Postural Hypotension	Yes	No	20. Flaccidity	Yes	No
5. Hypertension	Yes	No	21. Allergies	Yes	No
6. Impaired Hearing	Yes	No	22. Muscle overactivity	Yes	No
7. Impaired Sight	Yes	No	23. Inflammation or pain	Yes	No
8. Impaired Speech	Yes	No	in the joints		
9. Impaired Sensation	Yes	No	24. Impaired Bladder /	Yes	No
10. Impaired Balance	Yes	No	Bowel control		
11. Impaired Circulation	Yes	No	25. Use of any Splints/ Braces	Yes	No
12. Asthma	Yes	No	Corsets/Prostheses		
13. Cranial Shunt	Yes	No	26. Is the participant a carrier	Yes	No
14. Diabetes	Yes	No	of any infectious disease		
15. Skin Problems	Yes	No	27. Scoliosis	Yes	No
16. Chronic Airways Dis.	Yes	No			

28. Intellectual Disability	Yes	No	Specific Learning Difficulty	Yes	No
Autism	Yes	No			
Developmental Delay	Yes	No			
Level of support required			HIGH MED LOW		



Riding for the Disabled Association (N.S.W.)

29. Down Syndrome Yes No **if YES, Complete SECTION 3**
Further medical information is required BEFORE the applicant can be considered for participation in a RDA (NSW) program.

30. Spinal Fusion Yes No **if YES, Complete SECTION 4**
Further medical information is required BEFORE the applicant can be considered for participation in a RDA (NSW) program.

31. Mental Health Conditions – specify support needed below

Please provide FULL details of any YES answers below or use attachments:

SECTION 2 MEDICAL INFORMATION CONFIDENTIAL

Page 2 of 3

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

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Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA (NSW) activities. In this regard, I understand that a RDA (NSW) Coach or other appropriate person(s) associated with RDA (NSW) will assess the suitability of activities based on the medical advice given above.

Signature of registered Medical PractitionerDate

Medical Practitioner's Stamp/Sticker (Mandatory)

[Empty box for Medical Practitioner's Stamp/Sticker]

Completed Sections 1 & 2 to be returned to the RDA (NSW) Centre



Riding for the Disabled Association (N.S.W.)

Section 3 Down Syndrome & Section 4 Spinal Fusion Section to be returned if applicable

Page 3 of 3 Medical Information

CONTRAINDICATIONS FOR RIDING or DRIVING WITH RDA (NSW)

Conditions for which clients **MUST NOT** ride:

- Severe osteoporosis
- Uncontrolled seizures
- Open pressure sores, open wounds
- Unstable spine, including subluxation of cervical spine
- Atlanto-Axial dislocation (ADC) or significant subluxation in Down Syndrome
- Advanced multiple sclerosis and muscular dystrophy
- Acute herniated disc
- Excessive weight/obesity

Conditions for which horse Riding or Driving **MAY NOT** be recommended:

- Very poor endurance
- Excessive pain resulting from riding or driving
- Excessive structural scoliosis, until permission is given by an orthopaedic specialist
- Spinal fusion (e.g. Harrington- or CD Rods), until permission is given by an orthopaedic specialist.
- Significant allergies to horse hair, dust, grain, grass, hay.
- Recent surgery until permission is given by surgeon
- Serious heart condition
- Dislocation or dysplasia of hip if excessive pain is caused
- Haemophilia
- Disruptive or unreliable behaviour which is unacceptable to the coaches and other participants in the lesson
- Moderate agitation with severe confusion
- Drug dosage resulting in physical states inappropriate to the riding environment
- Paralysis
- High level if spinal cord paralysis or significant asymmetry of muscle paralysis
- Plaster casts



Riding for the Disabled Association (N.S.W.)

SECTION 3 CONFIDENTIAL

ADDITIONAL INFORMATION FOR APPLICANTS with DOWN SYNDROME

RDA (NSW) Policy requires that participants with Down Syndrome have a Medical Practitioner, who is aware of the possibility of Atlanto Axial Instability in people with Down Syndrome, complete this form, as well as the general Medical Form, (Section 2). To minimise risks to our participants, we ask that both the parent, and registered Medical Practitioner complete this section.

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

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA (NSW) activities
YES / NO

Name, Signature and Telephone Number of the Medical Practitioner

Name: Signature:
(BLOCK LETTERS PLEASE)

Telephone: Date.....



SpineCare Foundation

A Research and Information Brochure

Policy for the participation of Down Syndrome children in sport. The question of C1-2 instability.

The screening of Down Syndrome children for C1-2 instability is a very contentious question. The Foundation supported a review of experience over 25 years at the two children’s hospitals in Sydney during which not one DS child in New South Wales suffered a spinal cord injury from C1-2 instability. An extensive review of the existing literature on the subject was carried out and the following policy was developed.

The Foundation does not support the radiographic screening of the cervical spine for possible Atlanto-axial (C1-2) instability in adolescents with Down syndrome prior to their participation in sport.

The Foundation strongly recommends that any child/adolescent with Down Syndrome who:

- complains of persistent neck pain;
- has a refractory torticollis (wry neck);



Riding for the Disabled Association (N.S.W.)

- is noticed to have a decreased stamina of recent onset;
- has a recent disturbance of gait; or
- has loss of previously controlled urination

should undergo a thorough physical examination by a qualified medical practitioner prior to participation in sport.

The full paper on this subject is published in the Medical Journal of Australia, Vol 165, p 448-450, 1996.

The adoption of this policy has not been followed by any untoward events in DS children.

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Riding for the Disabled Association (N.S.W.)

SECTION 4 CONFIDENTIAL

ADDITIONAL INFORMATION FOR APPLICANTS with SPINAL FUSION

RDA (NSW) Policy requires that people with a Spinal Fusion (eg Harrington or CD Rods) must be examined by an Orthopaedic Specialist **prior** to the commencement of a RDA (NSW) program.

To be completed by an Orthopaedic Specialist

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

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA (NSW) activities.

Yes/No

Further comments where necessary:

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Name, Signature and Telephone Number of the Orthopaedic Specialist

Name: Signature:
(BLOCK LETTERS PLEASE)

Telephone: Date.....

Specialist's Stamp/Sticker (Mandatory)