Canadian Pony Club Medical Card			Emergency Contact: Name: Relationship:	Personal Information: Health card# and prov.				Medications: Specify all current medications:			
		ub	Address:	Physician Information:							
Date:			Tel. #:	Name:			-				
Full Name of Rider:			Cell #:	Address:			-				
Date of Birth:			Alternate Contact:	Tel. #:				Record details of any allergies to medicines:			
Permanent Address:			Horse Trailer Details Make: Model:	Allergies: Please Specify ☐ Drug ☐ Food ☐ Environment ————————————————————————————————————							
Postal Code:			Colour:				-				
Tel. #:			Colour: Prov:				-				
Previous Medical History			Record details of previous	Medical Conditions:			<u> </u>	Supplementary Information			
Previous Injuri	Previous Injuries:		injuries/surgical operations/		YES	NO			YES	NO	
	YES	NO	medical conditions, including dates:	Diabetes				Normal sight			
Head				Epilepsy				Normal pupils			
Concussion				Blackouts				_			
Face				Asthma				Contact lenses			
Neck				Heart				Normal			
Back				Lung				hearing			
Chest				Other:				Are you on			
Abdomen								Cortisone?			
Limbs								Have you ever			
Surgical								required			
Operations				This medical card is the property of the rider. Due to personal information contained hereon, this completed card is NOT to be reproduced in any form.				Cortisone?			
If you have any difficulty in								Blood group if			
completing this medical card,								known			
please contact your physician.								Date of last			
product your priyordan								tetanus			