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

EXPLANATION OF THE PARTICIPANT'S CONSENT AND MEDICAL CONSENT AND INFORMATION FORMS

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 participant's form

**SECTION 1 – Participation consent**
to be completed by Parent, Guardian or participant over 18

**SECTION 2 – Medical consent and 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.
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 the request of the 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 ……………………………………………………………………………..

………………………………… Postcode ………… Telephone …………………

E-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

Name of fund: …………………………………….. Membership No. ……………

PARENT/GUARDIAN/PRIMARY CARER

Name (please print):____________________________

Address:________________________________________ Post Code:________

Mobile: ___________ Work: ___________ Home: ___________

Email: ________________________________

EMERGENCY CONTACT (if different from above)
Riding for the Disabled Association (N.S.W.)

Name: ………………………………………………………………………..
Address: ………………………………………………………………………………………
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:
Social Media  YES/NO    TV  YES/NO    Print Media  YES/NO    Website  Yes/No

Signature …………………………..    Date ……………………

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

In the event of an injury or accident occurring, 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).
NOTE: Agreement to this does not affect a person’s rights under common law.
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 including the obligatory conditions for entry to RDA programmes and I give my permission for .......................................................... to participate in RDA (NSW) programmes.

Signature ..........................................................Date........................................

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

**Centre Use Only – for ESR-04 participants One Off Ride Procedure for Participants with a Disability**

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 Participant ..................................................Date of Birth..........................

Name of Medical Practitioner .............................................Phone.............................

Address (Medical Practitioner)..........................................................…………………

Post code .....................

Diagnosis ..........................................................…………………

Brief History (if useful) ..........................................................…………………

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

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

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28. Intellectual Disability Yes No Specific Learning Difficulty Yes No Autism Yes No Developmental Delay Yes No

Level of support required HIGH MED LOW

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:

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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.
Riding for the Disabled Association (N.S.W.)
Signature of registered Medical Practitioner .............................................Date ............

[Signature area]

Medical Practitioner’s Stamp/Sticker (Mandatory)

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

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

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

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

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