

Confidential Form

Information on members attending Area 5 PC 16+ Camp.

This form is to be completed and signed by parent/guardian of Pony Club member if they are under 18. If over 18, Pony Club member may complete and sign themselves.

Date: Sunday 12th to Thursday 16th July 2026

Where: Somerford Park, Congleton

BRANCH:	
Name of Member:	
DOB:	
Name of parent(s)/guardian(s):	
Address of parent/guardian:	
Daytime Tel/Mob:	
Night time Tel/Mob:	
Name of GP:	
Address of GP:	
Tel. No. Of GP	
Does member suffer from:	
Asthma	Yes/No
Epilepsy	Yes/No
Migraine	Yes/No
Diabetes	Yes/No
Dyslexia	Yes/No
Hay Fever	Yes/No
Any other allergies/problems? (If so, please state)	
Religion, if applicable to medical treatment:	
Does member take any form of regular medication? (If so, please state)	
Visual or hearing problems:	
Date of last tetanus injection:	
Special dietary requirements:	

In the event of an accident to my child/myself (if over 18) or any other condition requiring prompt medical or dental attention, I give permission for the organiser /representative to assume responsibility for my child's/my own (if over 18) well being.

Signed: (parent/guardian/member if over 18)

Date:

Name of parent(s)/guardian(s):