The Pony Paddocks

Holistic Learning Centre

Sorry if this is invasive but it is in order that we can help in case of emergency.

Please read the following questions carefully and answer as honest as possible.

Name: …… Date of Birth: ……

Do you have or have you had any of the following? Please circle Yes or No

- Frequent or severe headaches YES / NO
- Dizziness or fainting spells YES / NO
- Asthma or lung disease YES / NO
- Heart or vascular problems YES / NO
- High or low blood pressure YES / NO
- Epilepsy or seizures YES / NO
- Diabetes YES / NO
- Stroke YES / NO
- Muscular disorders or joint problems YES / NO
- Chest pains YES / NO
- Back Complaint YES / NO
- Lower limb or joint problems YES / NO

If you have answered yes to any of the above please give details.

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Please give details of any medication you take regularly.

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Do you have any known allergies? ……

Any other information you feel we should know: ……

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Emergency Contact Details

Name…… Contact Number……

Name…… Contact Number……

I declare that the details I have given are to the best of my knowledge correct and that I am not aware of any reason why I should not participate in any of the activities on offer.

Signed…… Date……

Parent/Guardian Signature (*if under 18)* ……