NEXT OF KIN

Relationship: _____

Name: _____

Address: _____

_____

_____

Telephone No: _____

Mobile No: _____

JEEP / CAR REGISTRATION & HORSE BOX DETAILS

Make: _____

Colour: _____

Reg. No: _____

All members must have this card in their possession whilst competing in a A.I.R.C. cross-country event. It must be worn visible on your arm in an armband.

For riders under 18 years of age, this card must be completed and signed by their parent or guardian

Signed: _____
Parent / Guardian

MEDICAL DETAILS

[Must be completed]

Allergies to medicine: _____

_____

Blood Type: _____

Date of last tetanus vaccination: _____

Current Condition:

Any serious illness? Yes ☐ No ☐ _____

Are you pregnant? Yes ☐ No ☐ _____

Do you wear contact lenses? Yes ☐ No ☐

Do you have normal hearing? Yes ☐ No ☐

Medical Conditions:

Diabetes: Yes ☐ No ☐

Epilepsy: Yes ☐ No ☐

Asthma: Yes ☐ No ☐

Blackouts: Yes ☐ No ☐

Previous Injuries:

Head injury/Concussion: Yes ☐ No ☐ _____

Neck/back injuries: Yes ☐ No ☐ _____

Fractures / dislocations: Yes ☐ No ☐ _____

Chest / abdominal: Yes ☐ No ☐ _____

ASSOCIATION OF IRISH RIDING CLUBS

MEDICAL CARD

GP's Name: _____

GP's Address: _____

_____

GP's Tel No: _____

PERSONAL DETAILS

Riders Name:

Address: _____

_____

_____

Date of Birth: _____

Religion: _____

Contact No (in emergency):

_____

Attach Photo

ACCIDENTS / INJURIES

Accident Date	*Type of injury*	*Treating Doctor & Contact No*	*Additional Information*

CURRENT MEDICATIONS

Type of Medication	*Reason*	*Date Started*	*Date Ended*