Eventing IRELAND

Next of Kin

Relationship: _____

Address: _____

_____

_____

Telephone No: _____

Mobile No: _____

VEHICLE REGISTRATION/HORSE BOX DETAIL

Make: _____

Model: _____

Reg No: _____

All members must have this card in their possession whilst competing cross country. It must be worn inside an arm band on your arm.

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

Other: _____

Previous Injuries:

Head injury/Concussion: Yes / No
Neck/back injuries: Yes / No
Fractures/dislocations: Yes / No
Chest/Abdominal: Yes / No

EVENTING IRELAND MEDICAL CARD

GP's Name: _____

GP's Address: _____

_____

GP's Telephone No: _____

PERSONAL DETAILS

Address: _____

Riders Name:

_____

_____

Date of Birth: _____

Religion: _____

Emergency Contact No:

_____

Attach photo here

ACCIDENT / INJURIES

Accident Date	Type of Injury	Treating Doctor & Contact No	Additional Information

CURRENT MEDICATIONS

Type of Medication	Reason	Date Started	Date Ended