

# Horse, donkey, pony or other equine related activities – Template A

## Student profile and risk acknowledgment form

### Risk warning and precautions

When participating in practical equine activities:

1. there is a significant risk of serious injury or death as a result of horse and other equine accidents. The risk is increased if the animal is hurt or frightened, and
2. there is a risk of contracting a disease that may pass from animal to human when working with horses and other equines, e.g. Hendra Virus.

When participating in practical equine activities, the student:

1. must wear protective clothing and equipment as determined by the Person in Charge at all times during equine-related activities
2. must not drink alcohol or take drugs prohibited by law before or during any equine activity
3. must not carry or use a mobile phone or any other electronic device during any equine activity unless prior authorisation is granted to ensure safety of the whole group
4. must inform the Person in Charge if they are taking medication or have any injury that may impair their ability to safely participate in an equine related activity
5. must follow all directions of the Person in Charge, if they do not they will be removed from the activity immediately, no matter where that may occur, and will not be permitted to return if they do not follow directions of the Person in Charge.

Any failure to follow these rules increases the risk of injury, death or permanent disability.

Please read the attached Standard Operating Procedure for Safety with Horses.

Student details			
First name		Last name	
Medicare number		Date of birth	
Street address:			
Town/suburb		Post code	
Parent/guardian details			
First name		Last name	
Contact number		Email	

## Student health information

The information you provide will be handled confidentially. It will be used to ensure the safety of the student and the safety of others. On completion this document is to be retained by the organisation.

Is your child on any medication that may cause drowsiness, loss of concentration or other reactions which may affect their safety and learning or the safety and learning of others? If yes, write details of the medication and how it affects your child below.		Yes/No	
Does your child have any medical condition and/or disability which is likely to affect their safety and learning or the safety and learning of others? If yes, describe the condition and/or disability and how it affects your child below.		Yes/No	
Is your child's tetanus vaccination status up-to-date? Being up-to-date means your child has had a tetanus vaccination at 10 years of age or older. If yes, write the date of vaccination below.		Yes/No	
Does your child have any of the following or other medical conditions that may affect their ability and safety around equines? Give brief details of the conditions. Attach extra information where appropriate.			
Diabetes	Yes/No	Back injuries	Yes/No
Asthma	Yes/No	Fainting spells	Yes/No
Allergies	Yes/No	Visual impairment	Yes/No
Hearing impairment	Yes/No	Pregnancy	Yes/No
Serious injuries	Yes/No	Other	Yes/No
If you answered yes to any medical conditions, please write brief details below and attach extra information where appropriate			
Is there anything else that might affect your child's performance at a practical equine activity? If yes, please write the details below.			Yes/No
I have provided video evidence to confirm my child's equine handling and riding capability - if required.			Yes/No

Handling experience - to be completed by the student			
<b>What has been your experience with equines during the past two years? Please write the details below.</b>			
Experience:			
<b>If you have any qualifications in equines, please write the details below and provide copies of certificates - where applicable</b>			
Qualifications:			
<b>How many days a week do you handle a horse? Write 'none' if you don't handle a horse</b>			<b>Days:</b>
Please mark 'X' in the box which best fits your level of confidence for each of the tasks below			
	Not Confident	Moderately Confident	Very Confident
Handling horses			
Catching a horse in a paddock or stable			
Leading a horse			
Picking a horse's feet up			
<b>What type of horses do you normally handle? For example - pleasure, breeding or competition. Write details below including any competitions you have entered recently and results, if available.</b>			
Details of horses handled, competitions and results:			
<b>Have you had any paid or voluntary positions in the horse industry? If yes, please write the details of your positions below, for example where, how long and what you did.</b>			<b>Yes/No</b>

<b>Riding experience - to be completed by the student</b>			
Have you had any previous riding experience? If Yes, please write details of your riding experience below.			Yes/No
How many days a week do you ride a horse? Write 'none' if you don't ride a horse			Days:
<b>Please mark 'X' in the box which best fits your level of confidence for each of the tasks below</b>			
	<b>Not Confident</b>	<b>Moderately Confident</b>	<b>Very Confident</b>
Riding horses			
Mounting a horse			
Walking a horse			
Trotting a horse			
Cantering a horse			
Riding on your own			
Riding in a group			
Riding in an enclosed space			
Riding in an open space			
When mounting a horse, which methods do you normally use?	Stirrup mount	Yes/No	
	Block assist mount	Yes/No	
	Person assist mount (leg up)	Yes/No	
When dismounting a horse, which methods do you normally use?	Stirrup dismount	Yes/No	
	Vault dismount	Yes/No	
What type of horses do you ride? Examples: pony club, endurance, stock horse, show jump. Please briefly write your answers below			
Details of horses ridden:			
Do you have riding lessons? If Yes, write how often you have lessons below.			Yes/No
If you have riding lessons please provide your coach's name and qualifications below, if known.			
Coach's Name:		Qualifications:	

Emergency contact details			
Emergency contact 1 Full name:			
Mobile:		Phone:	
Relationship to student:			
Emergency contact 2 Full name:			
Mobile:		Phone:	
Relationship to student:			
Medical provider			
Name of doctor:			
Medical practice name:		Phone:	
Student			

I have read and understand, acknowledge and accept and agree to the conditions within this form.

Student name:			
Student signature:		Date:	

Parent/guardian consent	
I give permission for my child:	
to attend the equine related activity	Yes/No
to receive first aid by the Person in Charge or school staff	Yes/No
to receive medical attention in case of illness/accident while on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable	Yes/No
My child and I have read and understand the Standard Operating Procedures for Safety with Horses	Yes/No
Parent/guardian name:	
Parent/guardian signature:	Date:

### Acknowledgement by Person in Charge

I have cited and discussed with the participant the responses regarding the self-identified health information provided.

Person in Charge name:			
Person in Charge signature:		Date:	

### Acknowledgement by school principal

Principal name:			
Principal signature:		Date:	