



MEDICAL HISTORY

COMPLETE ALL SECTIONS

Any serious illnesses? (diabetes, heart disease, seizures, asthma): _____

Recent surgery? _____

Are you pregnant: __ No __ Yes
 No Yes

__ __ Head Injury or Concussion(s): _____

List dates: _____

__ __ Neck or Back Injuries: _____

List dates: _____

__ __ Fractures or Dislocations: _____

List dates: _____

__ __ Chest or Abdominal Injuries: _____

List dates: _____

__ __ Normal Vision?

__ __ Do you wear contacts?

__ __ Normal Hearing?

Last Tetanus Immunization Date: _____

Current Medications: _____

PRIMARY PHYSICIAN

NAME: _____

ADDRESS: _____

PHONE: _____

HEALTH INSURANCE INFORMATION:

CARRIER: _____

CARD #: _____

INSURED/NAME OF
 CARDHOLDER: _____



USPC MEDICAL CARD

NAME: _____

DATE OF BIRTH: _____ _M _F

ADDRESS: _____

PHONE: _____

ALLERGIES (all): _____

EMERGENCY CONTACT: (MUST BE OTHER THAN SELF)

NAME: _____

PHONE: _____

PHONE: _____

NAME: _____

PHONE: _____

PHONE: _____

NAME: _____

PHONE: _____

PHONE: _____

RELEVANT INJURIES AND MEDICAL CONDITIONS

| Date of Diagnosis/ Accident | Type of Injury/ Severity of Condition | Treating Doctor Name/Phone |
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MEDICAL RELEASE CARD

USPC • 4041 Iron Works Pkwy • Lexington, KY 405118483 • (859) 2547669 • memberservices@ponyclub.org

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The purpose of the USPC Medical Card is to allow a USPC member to receive medical treatment in the absence of parent/legal guardian, provide handy emergency contact information and medical history for emergency medical personnel. It is the responsibility of the parent/guardian to complete the Medical Card, update the card when necessary, and ensure that the USPC member wear the card in an armband at all Pony Club activities.

Section 1. ASSUMPTION OF RISK AND WAIVER

I understand that there are inherent risks of serious injury, including head injury, or even death possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liability, and all claims for damages against The United States Pony Clubs, Inc. (USPC), Board of Governors, Instructors, Administrators, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain associated with my child's voluntary participation in USPC activities.

 ORIGINAL SIGNATURE OF USPC MEMBER APPLICANT DATE or ORIGINAL SIGNATURE OF APPLICANT'S PARENT OR LEGAL GUARDIAN DATE
REQUIRED IF APPLICANT IS OF THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE REQUIRED IF APPLICANT IS UNDER THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

Section 2. USPC MEDICAL WAIVER AND TREATMENT RELEASE

In consideration of my/my child's participation in a United States Pony Club, Inc. (USPC) activity, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize the United States Pony Club, Inc., its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any USPC activity personnel (including, but not limited to, organizers, instructors, test examiners, chaperons), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis.

I acknowledge that it is my/parental/legal guardian's responsibility to ensure that I am/my child is a USPC participating member and am/is wearing a completed Medical Card in an armband at all USPC mounted activities and when working around horses. Furthermore, I acknowledge that USPC leadership shall be advised if I/my child have/has had a head injury or other medical condition and have/has been restricted from activity.

I have read this entire release and agree to it.

 ORIGINAL SIGNATURE OF USPC MEMBER APPLICANT DATE and/or ORIGINAL SIGNATURE OF APPLICANT'S PARENT OR LEGAL GUARDIAN DATE
REQUIRED IF APPLICANT IS OF THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE REQUIRED IF APPLICANT IS UNDER THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

FAXED SIGNATURE CONSTITUTES AN ORIGINAL SIGNATURE