Please complete this form if any of your medical or emergency contact details have changed, or you have not entered the details into Nominate.

Email the form to the Trek Organiser prior to the event, or complete manually and give to the Trek Organiser prior to the Ride Briefing. It will be placed in the first aid kit and can be given to medical personnel if you are injured or unconscious.

Your Emergency Horse Contact is someone who can make decisions about your horse in the case of injury, and can organise to float the horse home or to a vet. This could be in conjunction with the Emergency Contact.

Thank you.

|  |  |
| --- | --- |
| Your name: |       |
| Phone number:  |       |
| Name of trek: |       |
| Dates of trek |       to       |
| Medical Conditions and/or allergies that may affect the ride: |       |
| Relevant Medications (including dosages): |       |
| Doctor’s Name: |       |
| Doctor’s Address: |       |
| Emergency Contact Name: |       |
| Emergency Contact Relationship: |       |
| Emergency Contact Phone: |       |
| Emergency Horse Contact Name: |       |
| Emergency Horse Contact Phone: |       |