

# Totara Park Riding for the Disabled

Association Inc.  
(Affiliated to N.Z.R.D.A)

## REFERRAL/REQUEST To participate in a Riding Programme

**Prospective Client:** .....  
(capital letters please)

Home Address: .....

Parent/  
Guardian Name: ..... Contact No: .....

School: ..... Contact No: .....

Residence: ..... Contact No: .....

Doctor's Name: ..... Contact No: .....

Weight: ..... Height: ..... Date of Birth: .....

Ethnicity: ..... Sex: .....

DIAGNOSIS: .....

Surgical Procedures/Devices/Othoses: .....

Medication: ..... Epilepsy: .....

Allergies: ..... Infectious diseases: .....

Other relevant Information/Precautions: .....

.....

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*This information is required to enable Totara Park RDA to initially consider whether they are able to accept the prospective client into the riding programme. All information supplied will be considered confidential and stored and used only in accordance with Privacy Act 1993.*

### Please read and sign below:

- I understand that this information is required to enable Totara Park RDA to consider suitability to participate in a RDA programme.
- I understand and consent that if accepted, further medical or educational information can be supplied for safety and planning purposes
- I understand that final acceptance will be at the discretion of Totara Park RDA Group Personnel, after consultation with other relevant people/agencies where necessary, and that request/referral does not guarantee acceptance into a riding programme.

Signed: .....  
Name (Client/Parent/Guardian) ..... Signature ..... Date .....

Referred By: .....  
Name/Designation ..... Signature ..... Date .....

**Return to:** The Secretary, TPRDA, PO Box 39191, Howick 2145.  
<http://www.totaraparkrda.org.nz/>