I _______________________________________________ being the Parent / Guardian of _______________________________________________________________

________________________________________________________________________ of the ____________________________________________

________________________________________________________________________ Branch / Centre of The Pony Club, have been informed that they have been involved in an incident which may have involved a head injury. They may have suffered a concussive injury. They must not ride again today and their hat should be replaced.

I confirm that I have been advised that they should be seen by a Doctor or attend an Accident & Minor Injuries Unit at hospital today.

I have been advised that the following symptoms could indicate a worsening of their condition:

1. Deterioration of consciousness
2. Restlessness and/or irritability
3. Vomiting
4. Persistent or worsening headache

and that if any of these symptoms occur medical assistance must be sought immediately.

Signed __________________________________________ Print Name __________________________________________ Date ___/___/______
THE PONY CLUB
CONCUSSION ADVICE FORMS

1. Concussion is a condition that is not always immediately obvious. It can have very serious after effects.

2. The Pony Club states in all its Rule Books that following the fall of a rider, if concussion is suspected, the advice of the Medical Officer must be sought and followed. They should obtain medical advice before the member rides again.

3. This advice must be relayed personally to the Parent / Guardian of the competitor and care must be taken to ensure that the Parent / Guardian fully understands:
   a) The seriousness of the possible injury
   b) That the rider should be taken that day to a Doctor or the A&E Minor Injuries unit at a hospital
   c) That the rider must not ride again that day
   d) The riding hat should be replaced.

4. The medical advice must include warnings about the danger signs which can occur later, namely:
   a) Deterioration of consciousness
   b) Restlessness and/or irritability
   c) Vomiting
   d) Persistent or worsening headache

The Parent / Guardian must be advised that if any of these symptoms occur, medical assistance must be sought immediately.

5. The Concussion Advice Form must be completed, signed and dated by the Parent / Guardian.

IMPORTANT – THIS PRESSURE CARD MUST BE INSERTED BETWEEN EACH SET OF CONCUSSION ADVICE FORMS BEFORE COMPLETING THE FORM