



Red Roof Retreat Riding Program Medical Information Form

must be signed by a doctor before beginning program

please contact our office to confirm lesson times and payments

Name _____

Birth Date _____

Mailing Address _____

Phone _____

Parent/Guardian's Cell or work phone _____

Male _____ Female _____

Height _____ Weight _____

weight limit of 170lb/75 kilos

School _____

City _____

Medical Information:

Primary Diagnosis _____

Secondary Diagnosis _____

List and Date any significant surgeries:

Please check which apply to your child:

Diabetic ()

Fainting ()

Allergies () Specify _____

Heart Problems ()

Bladder Problems/Incontinence ()

Hearing Issues () Please describe _____

Vision Issues () Please describe _____

Seizures - yes _____ no _____ date of last seizure _____

Frequency of seizures _____

What does a seizure present like for your child? _____

Any Behavioral Issues () Please specify _____

Medications

(Please add what they are given for)

Ongoing Therapies:

Physiotherapy _____ Name of Therapist _____

Occupational Therapy _____ Name of Therapist _____

Other _____

General Information:

Tone in upper extremities _____

Tone in lower extremities _____

Tone in trunk _____

Spasticity : yes _____ no _____ Specify _____

Balance in sitting: needs assistance () independent ()

Balance in standing: needs assistance () independent ()

Balance in walking: needs assistance () independent ()

Ambulatory: yes () no () If no, explain(i.e.: wheelchair, walker, braces etc.)

Coordination:

Normal ()

Area of concern/deficit (please explain) _____

Communication:

Ability to comprehend is Good () Fair () Limited ()

Uses sign language or graphics _____

Verbal Skills are Good () Fair () Limited ()

For the Medical Doctor:

Are there any exercises/considerations that you would recommend for the rider while riding? Please describe:

Are there any exercises that the rider SHOULD NOT be doing? Please describe:

Are there any known communicable diseases? Yes() No(). If yes, Please specify:

The undersigned hereby acknowledges that (child's name)

_____ is medically able to participate in the horse riding program offered by Red Roof Retreat.

Name of Child's Doctor _____

Address _____

Phone _____

Signature _____

Date _____

Parental Consent:

I/We, the parents of _____ give consent for him/her to participate in the horse riding program offered by Red

Roof Retreat. **I agree to be on the premises at all times during the time the program is offered.**

Signature _____

Signature _____

Date _____

Optional Information:

In the event that your child is actively involved in physiotherapy or occupational therapy, you may talk to them about any concerns or information they may deem appropriate for us to know in order to plan your child's experience in the horse riding program offered by Red Roof Retreat.

Please note that the focus of this program is for social, emotional and recreational development.

Physiotherapist's

Input _____

Signature _____ Date _____

Occupational Therapist's

Input _____

Signature _____ Date _____

Release and Authorization

In consideration of services/programs offered to my child _____ of which I give consent to participate in, I the parents/guardians of above mentioned child, agree to do so at my own and my child's risk, and I exonerate and release you, your agents, board members, volunteers and staff and all who act on your behalf from all responsibility and claims for any injury that I or my child may suffer while participating in the horse riding program – Red Roof Retreat.

Parents may sign of behalf of their child, where the child is unable to do so themselves.

Parent Signature _____
Parent Signature _____
Child/Rider Signature _____

Date _____

Photo Release

I give permission for Red Roof Retreat to use any photos or videos of my child _____ taken while participating in the horse riding program at Red Roof Retreat for promotional purposes such as advertising, newspaper articles, media releases or brochures, flyers or instructional materials.

Parent Signature _____
Parents Signature _____
Date _____