

SPIRIT
OPEN EQUESTRIAN PROGRAM INC.

PO Box 1342 Great Falls, VA 22066

www.spiritequestrian.org

spiritoep@spiritequestrian.org

SPIRIT Physician Statement & Medical Form

Dear Health Care Provider:

Your patient is interested in participating in the Spirit Open Equestrian Program. To safely provide this service, we need your help. Please answer the questions below and sign this form to support our processes.

Thank you for your time.

Spirit Team

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This form MUST be signed by a licensed physician

General Information:

Name of patient/participant of Equine Assisted Activity / Equine Assisted Psychotherapy/
Therapeutic Riding or Equine Assisted Learning:

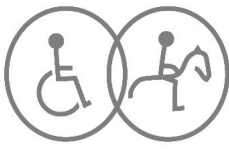
Primary condition indicated for Equine Assisted Activities:

Secondary and other conditions to be considered:

Date of birth:

Weight:

Height:



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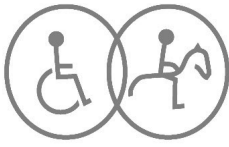
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Possible contraindications: Your patient is interested in participating in supervised equestrian activities. To safely provide this service, our center requests that you complete/update this form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree:

- Age - usually under 4 years
- Allergies
- Anger management
- Anxiety
- Atlantoaxial instability
- Attention Deficit/ Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder
- Blood pressure control
- Brain injury
- Cerebral Palsy
- Communication Disorders
- Coxaarthrosis
- Cranial Deficits
- Dangerous to self or others
- Deaf/ Hard of hearing
- Down Syndrome
- Fire settings
- Heart conditions
- Hemophilia
- Heterotopic Ossification/Myositis
- Hydrocephalus/shunt PVD
- Hydromyelia substance abuse
- Hypotonia
- Indwelling catheters
- Joint subluxation/dislocation
- Medications, i.e. photosensitivity
- Migraines
- Multiple Sclerosis
- Osteoporosis exacerbations of medical conditions
- Pathologic fractures
- Physical/sexual/emotional abuse
- Poor endurance
- Posttraumatic Stress Disorder
- Recent surgeries
- Seizure Disorder
- Seizure respiratory compromise
- Sensory processing disorder
- Skin breakdown



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- Spina bifida/chiari II malformation
- Spinal fusion/fixation
- Spinal instability/abnormalities
- Tethered cord
- Thought control disorders
- Vision impairment
- Weight control disorder
- None

Comments:

Date of Onset:

Past/prospective surgeries:

Medications:

Seizure type:

Controlled?

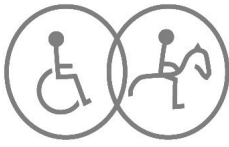
- Yes
- No
- N/A

Date of last seizure?

*Please see attached Seizure policy form at the end of this document if applies

Shunt present?

- Yes
- No



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Date of last revision:

Special precautions, diets/needs:

Can s/he participate in mounted activities (Therapeutic Riding)?

- Yes
- No

May participate except for:

Mobility:

Independent Ambulation?

- Yes
- No

Wheelchair?

- Yes
- No

Braces/assistive devices:

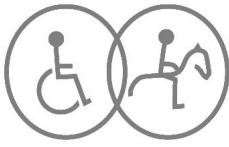
If patient has Down syndrome, can you provide x-rays for Neurological symptoms of atlanto-axial instability?

- Yes
- No
- N/A

Tetanus shot?

- Yes
- No

Date of Tetanus shot:



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Please indicate current or past difficulties in the following systems/areas, including surgeries:

- Allergies
- Auditory
- Balance
- Cardiac
- Circulatory
- Cognitive
- Emotional/psychological
- Immunity
- Learning disability
- Muscular
- Neurological
- Orthopedic
- Pain
- Pulmonary
- Skin
- Speech
- Tactile sensation
- Visual
- Other: _____

Comments:

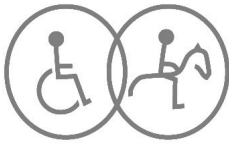
To my knowledge, there is no reason why s/he cannot participate in supervised equestrian activities:

- Yes
- No

Expected benefits from Equine Assisted Activities:

Signature:

Name/Title:



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MD, DO, other:

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Date:

License/UPIN number:

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact me as indicated below.

Michelle Gnozzio
SPIRIT Open Equestrian Program
Executive Director
703-539-9674
spiritoep@spiritequestrian.org

Seizure Disclosure and Policy Statement

(This form must be signed by the participant or guardian and must be updated annually if participant has a history of seizures)

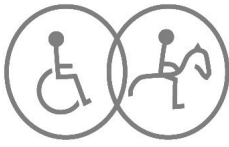
Seizure policies

1. Participants with any history of seizures must submit a Seizure and Policy Disclosure Statement signed by a physician prior to participating in any programs at SPIRIT Open Equestrian Program.
2. If participant has a history of any of the following types of seizures, an adult responsible for that participant (parent, guardian, caregiver) must be **in sight** of said participant at all times while the participant is mounted:
 - **Generalized tonic clonic seizures (grand mal)** – includes loss of consciousness, stiffening of body (tonic) followed by jerking of the muscles (clonic).
 - **Myoclonic seizures** – consciousness is not affected, brief but intense muscle jerks usually involving the upper body. May sometimes lead to clonic tonic seizures.
 - **Tonic seizures (drop attacks)** – sudden, brief stiffening of the whole body, usually result in falling, no loss of consciousness.
 - **Clonic seizures (drop attacks)** – sudden, brief loss of muscle tone throughout body. Body goes limp and person will collapse, no loss of consciousness.
3. SPIRIT Staff must be notified of any new seizure activity, including any changes in frequency or type of seizures. Failure to notify SPIRIT Staff may result in dismissal from the program.
4. Participants may not ride within 24 hours of a generalized tonic clonic (grand mal) seizure. Please notify SPIRIT that participant will be absent if a seizure occurs within 24 hours of scheduled ride time.
5. Any medications or procedures (including magnets for VNS) that must be administered to participant to prevent or control seizures must be administered by an adult responsible for that participant (parent, guardian, caregiver). Medications and/or procedures will not be administered by SPIRIT Staff.
6. According to PATH Intl. standards, the following conditions are contraindications to riding for participants with seizures. If a listed condition is present, participation will be prohibited from riding until the condition is no longer present:
 - Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizure due to their sudden and complete loss of postural muscle tone.
 - A change of frequency or type of seizure until the condition is evaluated
 - Inability to manage a participant during an emergency dismount should a seizure occur.
7. SPIRIT instructors and therapists working directly with a participant with a known history of seizures will have access to the *Spirit Seizure Disclosure and Policy Statement* for that participant. Volunteers working with a participant with a history of seizures will be made aware of pertinent information by the instructor or therapist for the participant's safety.
8. Participants who have a seizure (of any of the type listed above) while mounted or fail to disclose recent seizure activity or changes in frequency may be dismissed from the program at Executive Director's discretion.

I have completed the Seizure Disclosure section of this form to the best of my knowledge and the information disclosed above is accurate and complete. I have also read the Seizure Policies section and understand and agree with all the policies listed. I further understand that it is my responsibility to disclose any new seizure activity or any change in frequency of seizures for the duration of my (my child's) participation in any program at SPIRIT Open Equestrian Program and that failure to do so may result in dismissal from the program.

Date: _____

(Signature of Participant (Parent/Guardian, if minor))



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Disclosure for Participants with Seizures in Therapeutic Riding Program

(This form must be signed by the participant or guardian and must be updated annually if participant has a history of seizures)

This form is for participants in our Therapeutic Riding Program; it has been created in order to provide our service to individuals with a history, or recent episodes, of seizures. Typically, uncontrolled seizures are contraindicated for therapeutic riding. We want to be sure that you are aware that there is a very high risk of injury, or death, if a rider has a seizure, while mounted.

By filling out and signing this form, you are stating that you understand the potential risks and recognize that the benefits, of therapeutic riding, outweigh the risks. Additionally, you understand that it is your responsibility, as the parent or guardian, to inform SPIRIT of any changes in the frequency, pattern or type of seizure and/or changes in medications. This information is essential in preventing or decreasing the risk of injury/death and instituting appropriate procedures for attending to a possible seizure.

Please complete ALL questions. This information is essential, for SPIRIT staff, to determine your child's special needs and to provide a positive and supportive learning environment. If you have questions about how to fill out this form, please contact SPIRIT at spiritoep@spiritequestrian.org. Thank you.

Participant Contact Information

Participant (Full Name)

Date of Birth

Parent/Guardian (Full Name)

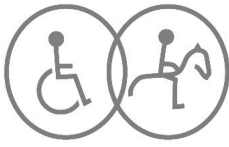
Contact Phone Number

Emergency Contact (Full Name)

Contact Phone Number

Participant's Neurologist

Participant's Primary Care Doctor



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Medical History

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Seizure Information:

When was your child diagnosed with seizures or epilepsy?

Seizure Type:

- Grand Mal
- Absence
- Myoclonic
- Clonic
- Tonic
- Atonic

Description:

What might trigger a seizure in your child?

Are there any warnings and/or behavioral changes before the seizure occurs?

- Yes
- No

If yes, please explain:

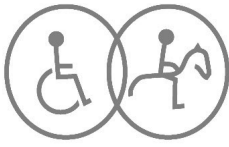
Duration:

Frequency:

When was your child's last seizure?

Has there been any recent change in your child's seizure pattern?

- Yes
- No



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If yes, please explain:

How does your child react, after a seizure is over?

Care and Comfort:

What basic first aid procedures should be taken when your child has a seizure?

After the seizure, do you want your child to return to the lesson?

- Yes
- No

If yes, is there a specific process you recommend for returning your child to the lesson? If so, please explain.

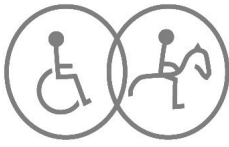
What constitutes an emergency for your child?

Special Considerations and Precautions:

Check all that require consideration or precautions.:

- General Health
- Physical Functioning
- Learning
- Behavior
- Mood/Coping
- N/A
- Other: _____

Describe the considerations and/or precautions we need to take for all checked above.



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What is the best way to communicate with you about your child's seizures?

I/We, the undersigned, as Parent(s)/Guardian(s) agree to allow the Spirit Open Equestrian Program, Inc. to provide riding instruction to said rider. I/We hereby forever release, acquit, discharge, and hold harmless the Spirit Open Equestrian Program Inc., its officers, directors, board members, agents, owners, employees, representatives, successors, and assigns (hereafter SPIRIT), for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned of said minor may now, or in the future, have against SPIRIT, on account of any personal injuries, physical or mental conditions, known or unknown, to the me/us the parent(s)/guardian(s) and the treatment thereof, as a result of, or in any way growing out of the acts of SPIRIT, including, but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto. I/We do hereby, forever release, acquit, discharge, and hold harmless Fairfax County Board of Supervisors, Fairfax County Park Authority and its officers, employees, and volunteers, too. I acknowledge and understand the potential risks of horseback riding for participant with seizures including, but not limited to, 1) The propensity of an equine to behave in dangerous ways which may result in injury or death to the participant or damage to property; 2) The inability to predict an equine's reaction to sound, movement, objects, persons or animals; 3) The hazards of surface or subsurface conditions whether known or unknown. However, I feel the possible benefits to my child/rider are greater than the possible risks.

- I agree
- I do not agree

Parent/Guardian signature:

Date:
