

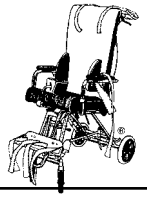


Jamestown New Horizons Riding For The Disabled

15350 Old Jamestown Road, Florissant, MO 63034

Phone: (314) 741-5816, Fax: (314) 741-5816

E-mail: jnhgoneriding@charter.net, Web: www.jnh-goneriding.org



"Gone Riding"

Rider's Medical History & Physician's Statement

Name _____ Date of Birth _____

Address _____

Name of Parent/Guardian _____

Diagnosis _____ Date of Onset _____

*** For Persons with Downs Syndrome*

Cervical X-ray for Atlantoaxial Instability: Positive _____ Negative _____ X-ray date _____

Tetanus Shot? Yes No Date _____ Height _____ Weight _____

Seizure Type _____ Controlled _____ Date of last seizure _____

Medications _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Mobility: Independent Ambulation Yes No Crutches Yes No Braces Yes No

Wheelchair Yes No Please indicate any special precautions: _____

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name (please print) _____

Physician Signature _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Date _____