



# Rider Handbook

[www.sunriseinc.org](http://www.sunriseinc.org)

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## Welcome Sunrise Rider!

Welcome to Sunrise, Inc. Therapeutic Riding Center riding program. We are so glad you have chosen to give your precious time and talent to our program. The rider's experience offered at Sunrise is as rewarding as it is unique. It is an opportunity to channel individual talents and skills into a variety of equine assisted activities and therapies (EAAT). There are so many benefits that come from therapeutic riding:

- **Physically**, it is the horse's movement which has a dynamic effect on the rider's body. The horse stimulates the rider's pelvis and trunk in a manner that closely resembles the normal gait of a human. This movement can be used to produce specific physical changes in the rider. The benefits to our riders include normalization of tone, postural improvement, improvements in balance and increased strength.
- **Sensorially**, the movement of the horse can help with a variety of Sensory Integration issues. Movement exploration while on the horse can help improve overall body awareness.
- **Emotionally**, the success of overcoming fear and anxiety can help a rider realize self-worth and increase self-esteem. The ability to achieve a riding skill will also have a positive effect on a rider's self-perception. The relationships that develop between riders, volunteers, horses, and staff are all integral to a positive emotional experience at Sunrise, Inc.
- **Cognitively**, the horse provides many of our riders with the motivation to learn many new things. Educational goals such as letter recognition and sequencing can be incorporated into riding activities.
- **Socially**, therapeutic riding enables individuals to interact with their peers in group activity. Riding and the related activities are both fun and challenging.

At Sunrise, each lesson is developed around the rider and their needs. With our instructors being PATH Intl. certified they have gone through training and are able to adapt and deal with each situation that arises and is able to handle the tasks.

Thank you again for choosing Sunrise, Inc. Therapeutic Riding Center!

## About Sunrise, Inc.

Sunrise, Inc. Therapeutic Riding Center was founded in 1980 when Carol and Margaret Inglis, along with Janice Edelman, saw a need in their community. They became certified through North American Riding for the Handicapped Association (NARHA) and began giving lessons to riders in need. Today, Sunrise, Inc. is now a certified barn under the Professional Association of Therapeutic Horsemanship (PATH). Our instructor(s) have been through the PATH certification steps and are fully certified through PATH, as well as first aid.

Sunrise offers several programs including our therapeutic riding program, veteran program, and helping assist other eager individuals seeking their PATH certification to become an instructor. With all these programs, except internships, the individuals may have one or several "disabilities" including physical, emotional, behavioral, and/ or cognition disabilities. Their medical and personal information is HIGHLY confidential. The instructor(s) will tailor each lesson to their unique needs and give our volunteers the information they need to be effective during each lesson.

### Mission

Promote health and social development of physically, mentally, and socially challenged people through therapeutic horseback riding.

## **Who is PATH International?**

PATH Intl. is the Professional Association of Therapeutic Horsemanship International formed in 1969 and headquartered in Denver, Colorado.

PATH Intl's mission is to "change and enrich lives by promoting excellence in equine assisted activities." To accomplish this mission, PATH Intl' fosters safe, professional, ethical and therapeutic equine activities through education, communication, research, and standards.

The association ensures its standards are met through an accreditation process for centers and a certification process for instructors. PATH Intl's Accreditation Program assures that PATH Intl' centers are running safe and professional programs through adherence to strict standards of operation. PATH Intl's Instructor Certification program provides criteria for competency and a process to recognize levels of capability. All of the instructors at Sunrise, Inc. are either certified by PATH Intl' or interning under the supervision of a certified instructor according to PATH Intl' guidelines. PATH Intl' also offers liability insurance to its member centers. Sunrise, Inc. is fully insured through this comprehensive policy.

We encourage you to learn more about PATH Intl'. Please visit their web site at [www.pathintl.org](http://www.pathintl.org). You'll find details about membership and lots of other interesting information.

## **Sunrise, Inc. Instructors**

Almost all Special Equestrians Instructors are PATH certified therapeutic riding instructors and are certified in First Aid and CPR. Instructors or Therapists are in charge of all lessons. All directions come from the instructor or therapist, including the assignment of participant to horse, volunteers to participant, method of mounting, and the structure of the lesson. Unless notified otherwise, all volunteers must defer to the instructor's decisions. This is extremely important to ensure everyone's safety. At various times there may be a Student Instructor (or Instructor-In-Training) teaching a class, but always under direct supervision of a Special Equestrians Instructor.

## **Sunrise, Inc. Horses and Ponies**

Sunrise, Inc. owns/leases the horses that are used in the program. Each horse goes through a trial period before being used in a lesson. They are trained to work in the mounting area, around wheelchairs and other assistive devices. However, no matter how calm the horses may seem, they may occasionally spook at sudden noises or movement.

The horses and ponies used in Sunrise, Inc. classes deserve the utmost respect for their tolerance of tight leg muscles, bouncing riders, and hands that may pull too much or too often. No one- horse leader, side walker, rider or staff- may tease, taunt, harass, or purposely annoy, scare or irritate any horse for the purpose of exercises or games solely for each client's benefits.

**Warning!** Under Indiana Law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

## Statement of Participant Eligibility or Dismissal

Sunrise, Inc. Therapeutic Riding Center offers services to individuals with special needs. Eligibility for participation in Sunrise, Inc. programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse, volunteers and class availability which meets individual's needs.

As a fully accredited PATH Intl. operating center, Sunrise, Inc. fully ascribes to the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as Professional Standards. Therefore, our professional staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom Sunrise, Inc. programs are deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in Sunrise, Inc. programs. This determination is made on the basis of physical, behavioral and other limitations including PATH Intl. premier accreditation and safety guidelines.

Individuals accepted into Sunrise, Inc. programs are required to take part in periodic progress reviews and follow Sunrise, Inc. rules and procedures. During these reviews, or as a result of unusual occurrences during a program session, the Sunrise, Inc. professional staff may find that continuance in the program for a given individual is inappropriate or contraindicated. For this reason, Sunrise, Inc. reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of Sunrise, Inc. and/or the individual concerned.

**Sunrise, Inc. Therapeutic Riding Center reserves the right to decide if we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns, including PATH Intl. guidelines relating to contraindications for participation.**

## Confidentiality Policy

Sunrise, Inc. shall preserve the right of confidentiality for all individuals (volunteers, riders and staff) in its program. As a volunteer, rider or staff member, you must maintain the confidentiality of sensitive information regardless of how it is obtained. Information which must be kept confidential should include, but is not limited to, all medical, social, referral, personal, and financial information regarding a person and his/her family. Breach of this confidentiality may result in either reprimand and/or loss of staff job and/or volunteer position.

## Weight Limit and Age Policy

The first priority of Sunrise, Inc. is to ensure the safety of our riders, volunteers and horses. In order to achieve this goal, we have established the following weight limit policy in regards to riding in this program. Please keep in mind if there is an emergency the instructor and trained side walkers may have to execute an emergency dismount.

- Maximum weight limit for full abled and minded riders- 300 pounds
- Maximum weight limit for full assistance riders- 175 pounds

Sunrise, Inc. Age policy is a minimum of three years old with no maximum age policy.

## **Attendance and Cancellation Policy**

Sunrise, Inc. tries to offer as many lessons for individuals and groups throughout the year as possible. We have volunteers commit their time and we ask that riders do the same. It takes a lot of time and effort to plan a specific lesson and make sure there are enough volunteers available for those days and times.

### **Cancellation:**

If you are unable to attend class due to any reason other than an immediate emergency, you must inform Sunrise, Inc. or instructor at least 2-24 hours before your scheduled class time. We ask that you call the Sunrise, Inc. phone or call/text the instructor. There is no internet in the barn and email or Facebook will not be checked as much as the phone.

If a lesson is cancelled less than two hours prior to lesson, the lesson will be considered a “No Call, No Show.” The rider will still be charged \$25, depending on the reason of not calling. After three No Call, No Shows, you will be asked to be dismissed and your spot will be filled.

Every attempt will be made to avoid cancellations. However, there are situations that are unavoidable at times, such as equine health related issues, dangerous weather, and staffing. We appreciate your understanding and support regarding our cancellation policy. Sunrise, Inc. will inform all riders and volunteers if there are any cancellations as soon as possible.

## **Pricing and Budget of Sunrise, Inc.**

Sunrise, Inc. Therapeutic Riding Center is a 501(c)(3), non-profit organization. As a non-profit Sunrise is funded by donations, grants, foundations, and fund-raising events.

Rider fees only account for a small percentage of the actual cost of operating the program. The rest of the funds are raised and/or donated. If you have personal or professional connections with foundations, corporations, or individuals that might assist in our fundraising efforts, please contact Sunrise, Inc. or let the instructor or any staff of Sunrise know.

### **Lesson Prices**

The lessons are \$25 per rider per hour long lesson. Sunrise, Inc. does have a scholarship application that can be filled out and a price will be set depending on household income. For groups, prices may vary, please call Sunrise, Inc. to get more information. Payment can be submitted by each lesson or by the end of the month. Please notify the instructor about payment concerns.

## **Before You Begin**

All riders should turn in the following paperwork before riding:

- Participant Packet
- Physician Packet
- Seizure Form (required if seizure has occurred in the past 10 years)
- Autism Spectrum Disorders Form (if necessary)

These forms should be signed and completed by parents or guardian. The physician form should be completed and signed by your doctor. These forms are to be filled out **Annually**. The instructor will have the rider set up an appointment to come out and see the facility as well as do an intake assessment.

It is the responsibility of the rider's parent(s) or guardian to let Sunrise know of any changes in the rider's medical, physical, mental or behavioral status.

**\*\*\* Riders are prohibited to ride until paperwork is up to date and turned in for safety! \*\*\***

## What to Expect at your Lesson

### Proper Attire- Professional and Safe

- Every rider **MUST** wear a helmet that is ATSM-SEI approved.
- Wear hard soled shoes that are closed toe (tennis shoes are allowed).
- No sandals, open toes, or open back shoes.
- Riders are suggested to wear long pants even in the warm weather so they are comfortable and do not get rubbed by the saddle.
- Hair must be pulled back in a low hairstyle or behind ears so helmets can fit properly.
- No loose jewelry.
- Dress in layers appropriate for the weather. T shirts are suggested for summer. No tank tops.

### When you Arrive at Sunrise, Inc.

- Please drive 10 mph up the driveway.
- Park in areas where no one is blocked in and property owners can get in and out of their garage.
- Find your helmet and put it on so the instructor makes sure it is properly fitted.
- Wait to enter the arena until the instructor or volunteer is there to assist.
- While waiting please be patient if the instructor is busy.
- Once everyone is ready the lesson will begin.

### During and After Lesson

- The hour lesson begins when rider arrives and begins brushing.
- Riders will brush and tack up their horses under the instructor's supervision.
- The lesson consists of stretching upper and lower body, working on riding techniques and adding in personal goals. A game is added in that is relating to what is being worked on during the lesson.
- Once the lesson is over, rider is dismounted and asked to untack the horse under instructor's supervision.
- Once untacked a treat is given to the horse using the black bucket and rider may go to the office area and place helmet on shelf (unless they have their own).

## Sunrise, Inc. Barn Rules

1. There is no smoking anywhere on the property- inside or outside.
2. Only touch the horses with permission and under supervision.
3. Do NOT feed horses unless directed and supervised by Instructor or trained volunteers.
4. Always use quiet voices and calm behavior on the property so riders or horses do not spook.
5. Stay away from the fences- they are equipped with electrical wire.
6. All children must be closely supervised by parent/guardian.
7. No dogs are allowed on the property while lessons are in session.
8. No one is allowed to enter stall or paddock areas other than instructor and staff at Sunrise, Inc.
9. Please dispose of trash in the trash can in the office.
10. During the lessons, all visitors and family must remain quiet.
11. Cell phones MUST be on vibrate or turned off during the lesson!
12. All riders must wear a helmet that is ASTM-SEI approved.
13. Always walk while in the barn. No Running Allowed!
14. Do not stand directly behind the horse, so the horse does not spook.
15. Always be quiet and calm around the horses.
16. Wear appropriate clothing (see clothing section).
17. Please listen and follow the instructor's instructions at all times.

## Sunrise, Inc. Contact Information

Main Number- (765) 935-4291

Physical Address: 2670 Minneman Road, Richmond, IN 47374

Email: [sunriseinc1980@gmail.com](mailto:sunriseinc1980@gmail.com)

Website: [www.sunriseinc.org](http://www.sunriseinc.org)

Facebook: [www.facebook.com/SunriseInc](http://www.facebook.com/SunriseInc)

Stephanie McCurdy- Executive Director- (765) 277-9840, [executivedirector@sunrise.org](mailto:executivedirector@sunrise.org)

Katie Anspaugh- Head Instructor/ Volunteer Coordinator- (937) 733-3417, [ridinginstructor@sunrise.org](mailto:ridinginstructor@sunrise.org)

Leighanne Hahn- President of the Board- (765) 427-3472

Janice Edelman- Treasurer of the Board- (765) 914-9873

Sue Miller- Secretary of the Board- (303) 489-4375



## Informal Problem Solving and Formal Grievance Policy

### Purpose:

To establish a process for resolving issues that may come up between staff, riders, volunteers and/or participants.

### Policy:

If there is an issue, concern or complaint with another person involved with Sunrise, Inc. Therapeutic Riding Center, the first step is to talk to that person regarding the concern. If that is not possible, or the problem isn't settled, then discuss the concern with that person's instructor or supervisor. If you do not agree with the supervisor's decision, you can talk to a member of the Board of Directors. This person will gather information and make a decision about how to settle the problem. If the problem is not settled by the discussion process, a formal grievance may be filed.

### Steps:

#### *Informal Problem Solving*

1. Talk to the person about the issue, concern or complaint. If the problem is not settled or it is not possible to talk to the person, discuss the problem with that person's instructor or supervisor.
2. If the problem is still not settled or you disagree with the decision, talk to a board member.
3. The board member will gather information and make a decision about how to resolve the problem.
4. If the problem is not settled by the discussion process, a formal grievance may be filed.

#### *Formal Grievance*

1. Submit a written grievance to the Board of Directors.
2. Include the names of the people involved, the date(s) of the incident, the facts of the incident and other information that can help the Board of Directors gather all of the facts needed to make a decision.
3. The Grievance must be filed within 30 days of incident.
4. The Board of Directors will investigate the incident and will respond in writing as soon as possible.
5. The Board of Directors decision is final.
6. Final decisions on Grievance Procedures are not precedent setting or binding on future grievances.
7. All matters under this policy are treated confidentially.
8. If the grievance is about a member of the Board, the Chair of the Board will follow the same procedure.



# Participant's Application and Health History



## General Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell PH: \_\_\_\_\_ Text: Y N Home PH: \_\_\_\_\_

Email: \_\_\_\_\_

Employer/ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about Sunrise Inc, Therapeutic Riding Center?

\_\_\_\_\_

## Health History

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

**MEDICATIONS** (include prescriptions, over-the-counter; name, dose, and frequency)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate current or past special needs in the following area(s):

	Y	N	Comments
Allergies			
Behavioral			
Bone/ Joint			
Breathing			
Circulation			
Communication			
Digestion			
Elimination			
Emotional/ Mental Health			
Hearing			
Heart			
Muscular			
Pain			
Sensation			
Thinking/ Cognition			
Vision			

Describe your abilities/ difficulties in the following areas (include assistance required or equipment needed)

**PHYSICAL FUNCTION** (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHO/SOCIAL FUNCTION** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)

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## Authorization for Emergency Medical Treatment Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name policy is under: \_\_\_\_\_ Employer: \_\_\_\_\_

In the event of an emergency contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Ph: \_\_\_\_\_

In the event of emergency medical aid/ treatment is required due to illness or injury during the process of receiving services, while being on the property of agency, I authorize Sunrise Inc, Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be involved if the person(s) above is unable to be reach.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Non-consent Plan

I do not give my consent for the emergency medical treatment/aid in case of illness or inquiry during the process or receiving services or while on the property of Sunrise Inc, Therapeutic Riding Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Time Availability

Please indicate preferred days and estimated times that you or the individual you are representing, are available.

Monday \_\_\_\_\_

Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_

Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

Saturday \_\_\_\_\_

## Photo Release

I  Do  Do Not consent to and authorize the use and reproduction by Sunrise Inc, Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities or materials, exhibitions or any other use for benefit of Sunrise Inc, Therapeutic Riding Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement to Release and Hold Harmless

I (or parent(s)/guardian(s) of \_\_\_\_\_, understand that there are inherent risks in riding, and working around horses. With this in mind I/we hereby consent to participation or allow him/her to participate in the programs provide by Sunrise Inc, Therapeutic Riding Center and in exchange for the privilege of participation I such programs, I/we further release Sunrise Inc, Therapeutic Riding Center, its officers and personnel, and the owners of the premises on which the programs and activities of Sunrise Inc, Therapeutic Riding Center may be conducted, from any claim I/we or he/she may have for any injury that may be sustained in the course of participation in any activity or sponsored or connected with Sunrise Inc, Therapeutic Riding Center for the duration of the program for which I/we or he/she has enrolled. This release and agreement to hold harmless includes any and all actions or incidents arising from services and actions connected with Sunrise Inc, Therapeutic Riding Center activities of any kind.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Warning!** Under Indiana Law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks or equine activities.

## Goals to Achieve during Lessons

Why are you applying for the participation?

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What would you, or the individual you are representing, hope to accomplish during their lessons?

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What do you, or the individual you are representing, struggling with? (i.e. speech, muscle tone, social difficulties, cognitive delays, or disabilities, stress, anxiety, etc)

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Dear Health Care Provider:

Your patient \_\_\_\_\_ is interested in participating in supervised equine activities. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

### **Orthopedic**

Atlantoaxial Instability - include neurologic symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

### **Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered Coed/Hydromyelia

### **Other**

Age - under 4 years  
Indwelling Catheters/Medical Equipment  
Medications - e.g., Photosensitivity  
Poor Endurance  
Skin Breakdown

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact the center.

Sincerely,

Katie Anspaugh, PATH Certified Instructor

Sunrise Inc, Therapeutic Riding Center

(765) 935-4291

### **Medical/Psychological**

Allergies Animal  
Abuse Cardiac  
Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions (e.g., RA, MS)  
Fire Setting  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder





# Participant's Medical History for Physician



## General Information

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Health History

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/ Prospective Surgeries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of Last Revision: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/ Assistive Devices:

\_\_\_\_\_

For those with Down Syndrome- Neurological Symptoms of Atlantoaxial Instability: Y N

Special Precaution/ Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please indicate current or past special needs in the following area(s), indicating surgeries. These conditions may suggest precautions and contraindications to equine activities.

	Y	N	Comments
Allergies			
Behavioral			
Bone/ Joint			
Breathing			
Circulation			
Communication			
Digestion			
Elimination			
Emotional/ Mental Health			
Hearing			
Heart			
Muscular			
Pain			
Sensation			
Thinking/ Cognition			
Vision			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluations to determine eligibility for participation.

Name/ Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License/ UPIN Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Participant's Seizure Statement



**A Seizure Statement is required for all clients with any seizure activity in the last 10 Years.**

*Frequency of seizures varies widely and cannot always be predicted. Sunrise, Inc. wants to prepare our horses, staff, and volunteers for correct and safe procedures to ensure client safety in case of a seizure.*

***Notify your instructor as soon as possible if any changes occur!***

Client Name: \_\_\_\_\_

Type of seizure: \_\_\_\_\_

Typical aura/pre-seizure sensations or behaviors during seizure: \_\_\_\_\_

\_\_\_\_\_

Typical motor activity during seizure: \_\_\_\_\_

\_\_\_\_\_

Average duration of seizure: \_\_\_\_\_

Current frequency of seizures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Description of behavior during the recovery state and its duration: \_\_\_\_\_

\_\_\_\_\_

What to do if seizure occurs at center: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In my opinion, this client can participate in equine-assisted activities or therapies under appropriate supervision. However, I understand that Sunrise, Inc. will determine whether they can safely provide services.

Name/ Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License/ UPIN Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Participants with Autism Spectrum Disorders Form



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Please Check All That Apply:**

- \_\_\_\_\_ Autism
- \_\_\_\_\_ High Functioning Autism
- \_\_\_\_\_ Asperger's
- \_\_\_\_\_ Pervasive Development Disorder- Not Otherwise Specified (PDD-NOS)

**Communication:**

- \_\_\_\_\_ Verbal
- \_\_\_\_\_ Minimal Vocabulary
- \_\_\_\_\_ Nonverbal If nonverbal, note mode of communication \_\_\_\_\_

**Sensory Issues (check all that apply and add any additional comments):**

- \_\_\_\_\_ Tactile Defensive \_\_\_\_\_
- \_\_\_\_\_ Sensitive to sound \_\_\_\_\_
- \_\_\_\_\_ Sensitive to light \_\_\_\_\_
- \_\_\_\_\_ Sensitive to odors \_\_\_\_\_

**Please complete the following:**

- Favorite color: \_\_\_\_\_
- Favorite TV Show/character: \_\_\_\_\_ Favorite Movie/character: \_\_\_\_\_
- Favorite game/sport: \_\_\_\_\_
- Favorite animal: \_\_\_\_\_ Pet(s) \_\_\_\_\_
- Favorite type of music/ songs: \_\_\_\_\_
- Please note any fears: \_\_\_\_\_
- Please describe challenging behaviors, noting triggers if known: \_\_\_\_\_
- \_\_\_\_\_