



## Participant Information Form

To be completed by parent or guardian of participant

### General Participant Information

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Primary Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Secondary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Individuals Approved For Pick-Up (those not listed as contacts)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

What prompted you to enroll your child in the Windhorse program?

What would you like your child to learn at Windhorse?

What is your child's experience with horses?



## Participant's Medical Information

Does your child have any of the following that we should be aware of to help them have a safe and positive experience in our program?

- Cognitive disability
- Physical disability
- Learning disability
- Mental health concerns
- Medical condition (e.g., asthma, allergies)
- Other (please specify)

If you checked any of the above, please describe:

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**Will your child be bringing any form of medication with them to the program?**

- Yes       No

If yes, please describe:

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**Is the participant currently working with a counselor/therapist/psychologist?**

- Yes       No

## School Information

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is your child currently experiencing any challenges at school (academic, social, behavioral, or emotional), including bullying, that you feel would be helpful for us to know about?

- Yes       No

If yes, please describe:

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**Are there any specific triggers or situations that may be difficult for your child?**

(For example: loud noises, group activities, being separated from a friend, transitions between activities, etc.)

Yes       No

If yes, please describe:

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**Are there any life circumstances (such as family changes, illness, or other transitions) that may impact your child's experience with us?**

Yes       No

If yes, please describe:

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**Are there any specific supports, tools, or strategies that help your child feel safe and comfortable?**

Yes       No

If yes, please describe:

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**Confirmation Statement**

I hereby state that all information included above is accurate and/or correct to the best of my knowledge:

\_\_\_\_\_  
Signature of Parent or Guardian (person who completed this form)

\_\_\_\_\_  
Date