Participant Information Form

(To be completed by parent or guardian of participant)

General Participant Information

Name of Participant:_____DOB:_____Age:_____

Email of Participant: _____Phone of Participant:_____

Address:_____City:_____ST_____Zip :_____

Parent 1 Name:_____

Phone:_____ Email: _____

Parent 2 Name: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Name of person filling out this form: _____Relationship: _____

Who can transport participant: _____Phone: _____

Who does the participant reside with? _____

Who should Windhorse contact for logistical details or to provide updates? _____

Referral Information

Where or from whom did you hear of our services?_____

School Information

School Setting: ☐ Public ☐ Private ☐ Home School

Attendance: ☐ Regular ☐ Irregular

School Issues: ☐ Yes ☐ No

If yes, please describe:

Name of School:

_____Grade:_____

Teacher: _____ Phone: _____

IEP? ☐ Y ☐ N

Participant's Medical Information

Overall Health: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Primary Physician: _____ Phone: _____

Any major operations or illnesses/injuries ☐ Y ☐ N

Description	Date

Please check any medical conditions that apply:

☐ Allergies
☐ Fatigue
☐ Pregnancy/abortion
☐ Heart conditions
☐ Asthma
☐ Muscle tension
☐ Diabetes
☐ Headaches/migraines
☐ Seizures/epilepsy
☐ Developmental concerns
☐ Brain injury
☐ HIV positive/AIDS

Any other medical concerns:

Are there medical concerns that would impede your child's ability to be on or around horses safely?
☐ Y ☐ N If so, describe:

Is the participant currently working with a counselor/therapist/psychologist? ☐ Y ☐ N

Medications (prescribed for medical, psychological, or behavioral issues)

Medication	Dose	Prescribing Dr.	Purpose	Dates of Use

Additional Information

Please describe what prompted you to enroll your child in the Windhorse program?

What would you like your child to learn at Windhorse?

What do you think it important for us to know about your child?

What is your child's experience with horses?

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