

HETRA PARTICIPANT REGISTRATION & EMERGENCY CONTACT INFORMATION

Participant _____ Date of Birth _____ Age _____ Gender: M F
Diagnosis _____ Weight _____
Address _____ City _____ State _____
Zip Code _____ County _____ Participant's School or Employer: _____ Email: _____
Ethnicity _____ Phone Number: _____ Program Interest _____
Referral Source: _____ Is participant a military Veteran? Yes No

Parent/Guardian Information: (minor or dependent adult only)

Name _____ Mailing Address _____
City _____ State _____ Zip _____ Email _____
Cell Phone _____ Home Phone _____ Work Phone _____
Place of Employment _____ Occupation _____
Best way to get a hold of you (Please circle one): Email Mobile Phone Text Message Home Phone Work Phone

Caregiver/Service Provider Name (if applicable): _____ Phone Number: _____
Emergency contact _____ Relation: _____ Phone _____
Emergency contact _____ Relation: _____ Phone _____
Physician's Name _____ Phone _____
Preferred Medical Facility _____
Health Insurance Company _____ Policy # _____
Allergies: _____ Current Medications: _____
Significant Medical History: _____

I have listed all significant medical information to the best of my knowledge.

Signature of Participant or Parent/Guardian if participant is minor: _____ Date _____

***Individual Responsible for payment (REQUIRED):**

Name _____ Mailing Address _____
City _____ State _____ Zip _____ Email _____
Cell Phone _____ Home Phone _____ Relationship to Participant: _____

HETRA Billing Policies

If you have any questions about HETRA's fees or billing please contact Erin Bevington at (402) 359-8830 or Erin@HETRA.org. To help HETRA save on postage, we send all invoices via email. If you do not have an email or would prefer to receive your billing via regular mail, please let us know.

Fees: **HETRA does not bill insurance or Medicaid**

. Billing: **HETRA does not bill insurance or Medicaid**

Life Skills Programming – Is billed at a rate of \$15 per session and will be billed at the beginning of the course for all sessions scheduled. A 10% early payment deduction is available if full payment is made by the due date posted on the bill.

Payment Plan Options:

1. Two Payment Plan – 50% of the invoice due at the payment due date. The other 50% due 30 days after the payment due date.
2. Monthly Payment Plan – 3 Payments can be made on the date that works best for you.
3. Weekly Payment Plan – Payments can also be made weekly on the day of the week that works best for you.

*** In order to set up any of the above payment plans HETRA must have a credit card on file to process these payments automatically.**

Any Participant (in any program) with an outstanding balance from the previous course will not be allowed to participate until the balance on the account has been paid, payment arrangements have been made. All Participant fees that are past due by 30+days or are not paid according to the previous payment arrangements, will be assessed a minimum of \$20.00 charge per month to cover administrative expenses on the balance.

7. Cancellations

If HETRA should cancel a session (due to weather or instructor illness, etc.) participants fees will be credited toward the next course. You will be notified by phone, email and/or text message for weather cancellations.

If you cancel a session: this session will not be refunded

Any Participant (in any program) with an outstanding balance from the previous course will not be allowed to participate until the balance on the account has been paid, payment arrangements have been made or scholarship application completed. All Participant fees that are past due by 30+days or are not paid according to the previous payment arrangements, will be assessed a minimum of \$20.00 charge per month to cover administrative expenses on the balance.

By signing below, I agree that I have read and understand HETRA's billing policies

Participant Name: _____

Date: _____ Signature: _____
(Participant or Legal Parent/Guardian if under 18)

Printed Name: _____

Heartland Equine Therapeutic Riding Academy

HETRA Participant Liability Release, Photo Release & Medical Consent Plan

Liability Release

_____ (Participant's name) would like to participate in the Heartland Equine Therapeutic Riding Academy program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Heartland Equine Therapeutic Riding Academy, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and Employees for any or all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Heartland Equine Therapeutic Riding Academy Programs.

WARNING - Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21,249 to 25-21,253.

Date: _____ Signature _____
(Participant or Legal Parent/Guardian if Participant is a minor)

Printed Name: _____

Photo Release

- I do consent and authorize
 I do not consent

to the use and reproduction by Heartland Equine Therapeutic Riding Academy of any or all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or any other use for the benefit of the program.

Date: _____ Signature _____
(Participant or Legal Parent/Guardian if Participant is a minor)

Printed Name: _____

Medical 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 invoked if the parent/guardian or emergency contact is unable to be reached.

Date _____ Consent Signature _____
(Participant or Legal Parent/Guardian if Participant is a minor)

Printed Name: _____

Consent To Treat Policy

I _____ legal guardian of _____ hereby consent to evaluation by an occupational, physical, mental health or speech therapist prior to participation in HETRA programming. If physical therapy, occupational therapy, mental health or speech therapy is deemed appropriate I give consent for treatment as outlined by the therapist.

Date: _____ Signature _____
(Participant, Parent or Guardian)

Printed Name: _____

NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED OR
DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS FORM CAREFULLY
OUR LEGAL DUTY

Heartland Equine Therapeutic Riding Academy is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols described below.

USAGES AND DISCLOSURES OF HEALTH INFORMATION

Heartland Equine Therapeutic Riding Academy uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and assessing the quality of care we provide. We use your personal information to contact you for scheduling, billing and providing organizational information.

Heartland Equine Therapeutic Riding Academy will obtain your written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to stop disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, a new Notice of Information Practices will be posted in the same area for public view. You may request a copy of our Notice of Information Practices at any time. Our HIPAA Compliance Officer is Edey Godden and can be reached by calling the office at (402) 359-8830.

PATIENTS INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have a right to request a list of instances where we disclosed your personal health information for any reasons other than for treatment, payment, or other related administrative purposes.

You may request in writing that we not use or disclose your personal health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. Heartland Equine Therapeutic Riding Academy will consider all such requests on a case-by-case basis. The company is not legally required to accept the requests.

CONCERNS AND COMPLAINTS

If you are concerned that Heartland Equine Therapeutic Riding Academy may have violated your privacy right or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our HIPAA Compliance Officer, Edey Godden, at the office address listed below. You may also send a written complaint to the U.S Department of Health and Human Services.

Heartland Equine Therapeutic Riding Academy
HIPAA Compliance Officer
Edey Godden
10130 S. 222nd Street, Gretna, NE 68028
Phone: (402) 359-8830

Every patient must receive a copy of this form

Patient Name

Signature of Patient or Legal Parent/Guardian if under 18

Date

Printed Name: _____

SAFETY RULES FOR ALL HETRA STAFF, VOLUNTEERS, FAMILIES AND PARTICIPANTS

**The following guidelines have been developed for your safety.
Failure to follow these rules can result in your dismissal from this facility.**

1. Please DO NOT pet the horses in any outside pens or indoor stalls. Some horses on the property are privately owned and are not part of the HETRA herd.
2. Please do not arrive at the barn before you are scheduled, there must be a HETRA Instructor, Staff Member, or Barn Leader on site when volunteers, students or guests arrive. For insurance purposes there cannot be visitors at the HETRA facility when there is not a staff member on site.
3. ONLY the Barn Leader or approved Horse Leader will be allowed to get horses from outside pens.
4. No untrained individual should enter a pen or stall with a loose horse in it.
5. You should not be in any outside pen UNLESS you have been asked by an Instructor or Barn Leader to complete a specific task in this area. Once this has been completed please return to the proper volunteer areas.
6. NEVER sit, kneel or lay on the ground near a horse.
7. All phones must be turned to silent or vibrate when in the arena - NEVER answer your phone while working in the arena.
8. Please only use HETRA tack and equipment and always return it to its appropriate place.
9. Always clean up after yourself and any horse you are working with (sweep up any hair, manure, and throw away any trash).
10. All riders during a HETRA riding session are required to wear approved safety helmets (this includes Instructors).
11. Please do not feed any horses treats. Treating horses tends to promote biting. Also some of the horses are on special diets and treats can be detrimental to their health. Please do not allow the horses to lick your hands this encourages biting.
12. Please DO NOT pet the horses on their heads or faces, this is a personal space for them and can make them crabby.
13. When approaching a horse, always consider the horse's limited field of vision. Horses cannot see directly behind or in front of them without moving their head. Always approach a horse at the shoulder, speak to them as you approach, and then extend your hand and pat them on the neck or shoulder. When moving around a horse, placing a hand on their hip as you move around them allows them to know where you are.
14. Avoid sudden movements when around the horse. This includes removing coats, raising arms suddenly, running, jumping climbing, etc. Horses can spook easily, please keep this in mind at all times when around horses.
15. Please Do NOT reach into or pet a horse through the bars. If they can put their heads out it is ok to pet them. Please respect that they may need down time and do not want to be petted.
16. Only HETRA Instructors are allowed to put on or remove the bridles on the HETRA horses.
17. Please do not bring dogs or any other animals to the barn. (If you have a service animal please notify HETRA Staff).
18. The cats are cute and fun to play with but they can bite and scratch. Playing with the cats is done at your own risk. Please monitor any children during their interaction with the cats.
19. All children under the age of 12 must be DIRECTLY monitored by an adult at all times while on the property.
20. DO NOT enter any other buildings on the property unless directed by a HETRA Instructor or Staff Member.
21. If you are not directly involved with a session please keep all activities and conversations to the designated waiting areas or check with the Barn Leader Instructor as to additional tasks that need to be done around the barn. It is important to keep noise and conversation to a minimum when lessons are being conducted as it can be very distracting for the students and horses.
22. The session Instructors are ultimately responsible for all aspects of the session from the time the first horse is taken out until the last one is put away. Please listen and follow all directions given by the session Instructors. Please be aware of all situations around you and report any unsafe situation to the session Instructor or Barn Leader immediately.
23. HETRA strictly prohibits anyone, including individuals with permits, to carry concealed handguns, from possessing and/or carrying a concealed handgun while on HETRA's property. NO EXCEPTIONS will be made to this Policy. Any violation may result in the dismissal of Volunteer or Guest.
24. HETRA is a Tobacco Free Facility. Smoking or the use of any tobacco products is strictly prohibited on the HETRA property. This includes the arena/barn area as well as the parking lot and adjacent buildings on the property.

HETRA does not discriminate on the basis of race, color, religion, national origin, gender, age, or disability in admission to it's programs, services, or activities, or any other aspect of their operations.

HETRA Volunteer & Guest Dismissal Policy: HETRA reserves the right to dismiss a guest or volunteer from the facility and from the program if their behavior is putting themselves, a participant, staff, other volunteers or the horse's mental or physical health in jeopardy. The HETRA instructor in charge at the time of the incident will review the behavior with the volunteer and determine the level of intervention necessary. The level of intervention could include a verbal or written warning or immediate dismissal from the HETRA facility and program. Physical, emotional, mental or sexual abuse by a person at the HETRA facility will not be tolerated and will result in immediate dismissal from the HETRA facility. Alcohol consumption by a volunteer prior to a session is not allowed. A volunteer smelling of alcohol will not be allowed to assist with that night's session.

Please follow these rules at all times while at the facility. Anyone not following these rules will be asked to leave the facility.

My Family and/or I have read the Barn Rules and agree to follow them at all times while at the facility.

Signature _____ Date _____

(Parent or Guardian for _____ family)

HETRA Code of Conduct

Heartland Equine Therapeutic Riding Academy - HETRA - is committed to creating a safe, positive, learning environment for all of our students, staff, parents, stakeholders, and community partners. HETRA will work to assure that all students and staff are well-motivated, fully aware of their potential and dedicated to the pursuit of excellence in equine, agricultural, and barn management knowledge, skills, and behavior.

Purpose of the Code

HETRA has adopted this Code to support the creation of a safe learning environment for all members of our community. The purpose of this Code is to state clearly our standards for acceptable conduct of participants. The Code also explains the consequences for not meeting these standards of conduct. This Code establishes a strict policy for conduct that endangers the safety of our programs and/or disrupts the educational experience for other students.

The Code also sets forth the discipline procedures for the students who have committed violations of the Code. This Code is not meant to be a contract between HETRA and its participants, and may be amended at any time. It is a place for HETRA to explain certain policies applicable to participants.

Equal Opportunity Statement

HETRA complies with all federal, state and local laws, and provides an equal opportunity for all participants. HETRA prohibits discrimination in program acceptance, progress of participants, discipline and any other activity based on race, creed, color, national origin, religion, ancestry, age, marital status, sexual orientation (known or perceived), gender identity expression (known or perceived), gender, disability, nationality or citizenship.

All decisions of HETRA will be administered without regard to any of the categories listed above.

Statement of Participant Misconduct

The rules in this Code are designed to notify participants as to the types of behaviors that are unacceptable; nevertheless, every specific variation of the prohibited conduct may not have been included. Consequently, participants should expect to be disciplined for misconduct that is obviously inappropriate. A specific rule need not be written for every conceivable variation of behavior that directly affects the orderly mission of HETRA and its programs.

DEFINITION OF DISRUPTION AND INTERFERENCE WITH ANY HETRA PROGRAM

No participant shall cause or attempt to cause (either directly or indirectly) a disruption or interference with a program by any means including, but not limited to, any of the following behaviors:

- 1A. Pull fire alarm or tamper with any safety device;
- 1B. Show disregard, intentionally or unintentionally, for any barn or equine related safety rule whatsoever;
- 1C. Occupy or block any area of the property, prevent or attempt to prevent participants from attending a session, activity or event;
- 1D. Be on property without a designated staff member present, walk away from or separate themselves from assigned group;
- 1E. Program disruption. A participant may not in any manner, by use of violence, noise, force coercion, threat, intimidation, fear, passive resistance, insult, or other conduct, intentionally or unintentionally cause the disruption of any lawful mission, process, or function of HETRA;
- 1F. Group, or class disruption. Participant behavior that is repetitive or substantially interferes with the instructor's ability to teach and/or participants' ability to learn;
- 1G. Disorderly conduct. Any act that substantially disrupts the orderly learning environment, or poses a threat to the health, safety and/or welfare of participants, staff and others;
- 1H. Refuse to wear identification badge, identify himself/herself upon request of any staff member;
- 1I. Urge, encourage, or counsel other participants to violate any rules of the HETRA Conduct Behavior Code;
- 1J. Willfully leaves group, classroom, session, or the premises without consent of a staff member;
- 1K. Oral threat/verbal assault, rude or disrespectful gestures, use of profanity, any form of expressed harassment which has the intentional or unintentional effect of undermining the authority of HETRA
- 1L. Posturing to inflict personal harm.
- 1M. Drug or alcohol use
- 1N. Other (list) _____

Reporting of Repeated and Substantial Program Interference

HETRA Staff will report any participant's violation of the HETRA Conduct Behavior Code which repeatedly or substantially interferes with the instructor's ability to communicate effectively with the participants in his or her class or with the ability of the participants in his or her class to learn. Staff will report any such incidents to the Executive Director or Executive Director's designee immediately. A designated HETRA staff member will share report with participant's parents or guardians within a reasonable time frame.

Participant Removal from Program

HETRA may remove a participant from a program or class if the participant has exhibited behavior that repeatedly or substantially interferes with the instructor's ability to teach participants in his or her program or the ability of other participants to learn in the program. Based on severity of conduct violation, HETRA reserves the right to impose immediate dismissal of participant at their sole discretion.

General process for program dismissal:

- 1. Initial communication and report.** A designated HETRA staff member will communicate first report with participant's parents or guardians within a reasonable time frame and a corrective action plan will be put in place. Based on severity of conduct violation, HETRA reserves the right to impose immediate dismissal of participant at their sole discretion.
- 2. Second communication and reminder.** A designated HETRA staff member will communicate second report with participant's parents or guardians within a reasonable time frame and a second corrective action plan will be put in place. The second action plan is the last. Any code violation occurring after the second corrective action plan results in discharge from program. Based on severity of conduct violation, HETRA reserves the right to impose immediate dismissal of participant at their sole discretion.
- 3. Final dismissal communication.** A designated HETRA staff member will communicate final dismissal with participant's parents or guardians.

Participant Reintegration

The return of a previously dismissed participant into any HETRA program is at the complete and sole discretion of HETRA.

I have read the HETRA Participant Code of Conduct and agree to abide by the guidelines set forth.

Participant Name _____

Participant Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

HETRA Social Media Policy

Videos and Photography taken at the HETRA Facility Policy:

In order to protect you or your participants privacy as well as the privacy of others at the HETRA facility and due to the sensitive, private, and personal nature of our participants and the services we offer, we must exercise every precaution when taking photos or videos at HETRA. At this time we ask that all participants and families follow this process if they would like a picture of their participant while at the HETRA facility. Please do not take any picture or video at any time while at the facility on your own, please use the following procedure for any picture or video requests.

Procedure for pictures or videos of their participants while at HETRA.

1. Please notify your instructor or therapist that you would like a particular picture or video taken of your participant.
2. HETRA instructor or therapist will supervise taking of the picture on a HETRA approved device.
3. Once the picture/video has been taken it will be sent to the designated staff for approval (this allows the staff to check photo releases on everyone and make sure other participants/volunteers are not in the photo and there is no confidentiality issues related to the photo). Designated staff includes - CEO, COO, Equine Operations Manger and Program Manager.
4. Once approved the photo will be sent to the requesting party. We will do our best to make this a very timely process.

Social Media:

Heartland Equine Therapeutic Riding Academy (HETRA) embraces social media and relies on our participants, staff, and volunteers to increase our online presence and build our brand. It is one of the most powerful platforms we have to share our mission, create positive awareness for our organization, and engage with our community on a daily basis. We highly encourage participants to engage with HETRA's social platforms by liking, commenting, and sharing our posts.

Where to find HETRA:

Facebook	TeamHETRA
Twitter	@HETRA
Snapchat	Team HETRA
Instagram	team_HETRA
You Tube	HETRANebraska
Linked In	HETRA

ALWAYS:

- Help HETRA spread the good word - share, retweet, and regram HETRA posts on your own social platforms.
- Refer to HETRA horses in a positive manner and forward inquiries about HETRA horses to a staff member
- Think twice before posting. If you have any doubt, please do not post.

NEVER:

- Claim to be an official representative of HETRA
- Share confidential information about a participant, volunteer, employee or the organization
- Take photographs or video of a HETRA participant, volunteer, HETRA facility, horse or employee unless specifically approved to do so by a designated staff member
- Use language that is profane, harassing, racial, political, religious, or that is considered biased or slurred when posting about HETRA.
- Refer to a HETRA horse or the HETRA barn environment negatively.

Violation of Social Media Policy

If a social media post is discovered that is in violation of this policy, you will be asked by a staff member to remove the post. Failure to remove a post could result in verbal or written warning or immediate dismissal from the HETRA facility and program.

Signature of Patient or Parent/Guardian if under 18

Date

COVID-19 Release

AS OF MAY 11, 2020 - REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS, PARTICIPANTS, PARTICIPANT CAREGIVERS AND FAMILY AS WELL AS ANY GUESTS TO THE HETRA FACILITY.

I am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Heartland Equine Therapeutic Riding Academy; attending an event; and/or receiving on site services from Heartland Equine Therapeutic Riding Academy during the time of a pandemic outbreak.

I am aware that on site services and experiences may increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Heartland Equine Therapeutic Riding Academy and its Board of Directors, staff, Medical Advisor Board, members, officers, managers, agents, employees, volunteers and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event, volunteering within this organization or visiting.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Heartland Equine Therapeutic Riding Academy; as well as my individual provider/practitioner. This may include, but is not limited to, maintaining social distance; limiting the number of people attending with me to what is outlined by the organization at the time, washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a mask and/or gloves.

I agree to stay home and/or cancel my time at Heartland Equine Therapeutic Riding Academy should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

Heartland Equine Therapeutic Riding Academy will engage in regular cleaning and sanitizing of the facility, horse tack, equipment, doors, and frequently touched areas in-between participants and on a daily basis as recommended by the CDC for the safety of participants, their families, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with Heartland Equine Therapeutic Riding Academy

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 19, the signature of a parent or guardian is required.

Signature of Patient or Parent/Guardian if under 18

Date



PRECAUTIONS & CONTRAINDICATIONS FORM

Dear _____,

Your patient, _____ is interested in participating or continued participation in supervised equine activities at our facility. 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, if present may represent precautions or contraindications to equine activities. Therefore, when completing this form, please circle any conditions that are present, and explain below to what degree.

ORTHOPEDIC

- Spinal Joint Fusion/Fixation
- Spinal Joint Instabilities/Abnormalities
- Atlantoaxial Instabilities (including neurological symptoms)
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation and Dislocation
- Osteoporosis – T-Score _____ Date of exam _____
- Pathologic Fractures
- Coxa Arthrosis
- Cranial Deficits
- History of Joint Replacement
- Scoliosis/Kyphosis/Lordosis
- Herniated/Slipped Disc

MEDICAL/PSYCHOLOGICAL

- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (ie RA, MS)
- Hemophilia
- Fire Settings
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

NEUROLOGIC

- Hydrocephalus/shunt
- Spina Bifida
- Chiari II Malformation
- Hydromyelia
- Seizure Disorders
- Tethered Cord

OTHER

- Indwelling Catheter/Medical Equipment
- Age under 4 years
- Medications - ie photosensitivity
- Poor Endurance
- Skin Breakdown
- Poor Head & Neck Control
- Fatigue/Poor Endurance

Initial here if none of these conditions are present: _____

Treating Physician

Signature _____ Date _____

Treating Physician Name (please print) _____

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 me at 402-359-8830.



**Heartland Equine Therapeutic Riding Academy
HETRA PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT**

Name _____ Date of Birth _____ Height _____ Weight _____

Address _____ Name of Parent/Guardian _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Diagnosis _____ Date of Onset _____

Past/Future Surgeries _____ Medications: _____

***For Persons with Down Syndrome: Negative Cervical X-ray for atlantoaxial instability- X-ray date _____
 Negative for clinical symptoms of atlantoaxial instability

Seizure Type _____ Controlled Yes No Date of last seizure _____

Shunt Present: Yes No Date of Last Revision: _____ Tetanus Shot Yes No Date of last Tetanus _____

Please indicate current or past special needs in the following areas by checking yes or no. If yes, please comment.

AREAS	Yes	No	Comments
Auditory (hearing)	_____	_____	_____
Visual	_____	_____	_____
Speech (communication)	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Pulmonary	_____	_____	_____
Neurological	_____	_____	_____
Muscular	_____	_____	_____
Orthopedic (Bone/Joint)	_____	_____	_____
Allergies (including medication)	_____	_____	_____
Thinking/Cognitive	_____	_____	_____
Emotional/Mental Health	_____	_____	_____
Behavioral	_____	_____	_____
Digestion	_____	_____	_____
Elimination	_____	_____	_____
Pain	_____	_____	_____
Sensation	_____	_____	_____

Mobility Independent Ambulation _____ Crutches _____ Braces _____ Wheelchair _____ Walker _____

Please indicate any special precautions/additional information _____

In my opinion, this person can 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/screening of the person's abilities/limitations by a licensed/credentialed health professional (PT, OT, or Speech) in the implementing of an effective equestrian program.

Treating Physician Name (please print) _____ Phone _____

Treating Physician Signature _____ Date _____

Address _____ City _____ State _____ Zip _____