DREAMS on horseback FIELD of dreams
1416 Reynoldsburg-New Albany Rd. ·Blacklick, OH · 43004
614.864.9500 · www.DreamsOnHorseback.org

PARTICIPANT HEALTH HISTORY

Participant Name ______________________ Date of Birth ______________

□Medications List: ______________________

□Allergies – Check all that apply. If checked please explain.

□Food ____________ □Insect Bites ____________ □Plants ____________

□Animals ____________ □Other Allergies ____________

□History of Asthma ____________ □Carry an EpiPen □Carry an Inhaler

	Check here if yes	Provide details and age presented
Behavioral issues		
Emotional and psychological issues		
Skin breakdown or pressure sores		
Diabetes		
Fatigue or limited endurance		
Immune deficiency		
Bleeding or clotting disorders		

If any of the following conditions apply, you must also complete a Physician's Statement in order to ride.

	Check here if yes	Provide details and age presented
Activities have been restricted due to medical reasons in past 12 months		
Hospitalized for any serious injury, condition or surgery in past 12 months		
Experienced loss of consciousness in past 12 months		
Experienced seizure activity in past 12 months (Seizure Evaluation Form also required)		
Currently uses crutches, braces, wheelchair, walker for mobility		
Poor head/neck/trunk support		
Treated for conditions of the spine, including, but not limited to spinal cord injury, curvature, fusion, instability, abnormalities or Spina Bifida		
Joint contractures, cerebral palsy, or hip dysplasia		
Pathologic fractures		
Neuromuscular Disorders/Multiple Sclerosis (MS)/ ALS		
Myopathy/Muscular Dystrophy (MD)/Spinal Muscular Atrophy (SMA)		
Brain injury (including stroke), Cranial Defect		
Down Syndrome		

List any other medical conditions or equipment of which we should be aware (ie. shunts, feeding tubes, catheters)

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I hereby affirm that, to the best of my knowledge, the medical history information is complete and correct.

Signature of Participant or Parent/Legal Guardian if under 18 ______________ Date ______________

We reserve the right to restrict activity for any reason for any participant in order to ensure the safety of all participants.