



# 2026 Medical Form - Riding in the Moment™

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN (pages 1-3)**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Mobility: \_\_\_\_\_ Independent \_\_\_\_\_ Assistive Device \_\_\_\_\_

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

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

Seizures: \_\_\_\_\_ No \_\_\_\_\_ Yes Type: \_\_\_\_\_

Date of Last Seizure: \_\_\_\_\_ Shunts/Implants: \_\_\_\_\_

Past/Prospective Surgeries (includes dates and reasons): \_\_\_\_\_

**In order to safely provide this service, Triple H Ranch & Therapeutic Horsemanship requests that you please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please indicate whether these conditions are present and to what degree.**

<p><b><u>Orthopedic</u></b>          Atlantoaxial instability (include neurological symptoms)          Coxarthrosis          Cranial defects          Heterotopic Ossification/Myositis          Ossificans          Joint subluxation/dislocation          Osteoporosis          Pathologic fractures          Spinal Joint Fusion/Fixation          Spinal Joint Instability/Abnormalities</p>	<p><b><u>Medical/Psychological</u></b>          Allergies          Animal Abuse          Cardiac Conditions          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</p>	<p><b><u>Neurologic</u></b>          Hydrocephalus/shunt          Paralysis due to spinal cord injury          Seizure          Spina Bifida/Chiari II Malformation          Tethered cord/Hydromyelia</p> <p><b><u>Other</u></b>          Indwelling Catheters/Medica;          Equipment          Medications - e.g., Photosensitivity          Poor Endurance          Skin Breakdown</p>
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**As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply (include surgeries).**

Area	No	Yes	Comments
Auditory			
Visual			
Tactile/Sensory			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Plumonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			



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### ***For Participants with Down Syndrome***

An annual neurological exam to exclude Atlantoaxial instability is required for all participants with Down Syndrome over the age of three. Please provide the following information.

Date of Exam: \_\_\_\_\_ Results of Exam: \_\_\_\_\_

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 Triple H Ranch & Therapeutic Horsemanship will weigh the medical information indicated above against any existing precautions and contraindications before accepting this person for mounted or unmounted equestrian activities. Therefore, I refer this person to Triple H Ranch & Therapeutic Horsemanship for ongoing evaluation to determine eligibility for participation.

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

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

Address: \_\_\_\_\_

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

**Mailing Address:**  
**Triple H Ranch & Therapeutic Horsemanship**  
**Attn: Sheila Martin**  
**5405 N. Kennedy Rd.**  
**Milton, WI 53563**

**Email:**  
[director@triplehranchwi.org](mailto:director@triplehranchwi.org)



# 2026 Medical Form - Riding in the Moment™ Seizure Disclosure Form

**When complete with ALL signatures, please return the pages  
of this form to Triple H Ranch & Therapeutic Horsemanship.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All participants with a history of any seizures must provide the following information.

Type of seizures: \_\_\_\_\_

The type of seizure could include, but is not limited to, the following:

- A. Generalized Tonic Clonic Seizures (Grand Mal) - includes loss of consciousness, stiffening of the body (tonic), followed by jerking of the muscles (clonic).
- B. Myoclonic Seizures - consciousness is not affected; brief, intense muscle jerks usually involving the upper body. May sometimes lead to Clonic Tonic Seizures.
- C. Tonic Seizures (Drop Attacks) - sudden, brief stiffening of the whole body, usually resulting in falling, no loss of consciousness.
- D. Clonic Seizures (Drop Attacks) - sudden, brief loss of muscle tone throughout the body, the body goes limp, and the person will collapse, with no loss of consciousness.

Typical Aura (pre-seizure sensations por behaviors): \_\_\_\_\_

\_\_\_\_\_

Typical motor activity during seizures: \_\_\_\_\_

\_\_\_\_\_

Frequency of seizures (how many seizures per week, month, etc.): \_\_\_\_\_

\_\_\_\_\_

Average duration of seizures: \_\_\_\_\_

Any known triggers for seizure activity: \_\_\_\_\_

\_\_\_\_\_

Any routine medications taken and any side effects notes (i.e. drowsiness or photosensitivity):

\_\_\_\_\_

\_\_\_\_\_

Treating Physician for seizures: \_\_\_\_\_

Any medications or special procedures to prevent or control seizures on an as-needed basis, including nasal spray, suppositories, VNS magnets, etc.: \_\_\_\_\_

\_\_\_\_\_

Date, type, and duration of most recent seizure activity:

Date: \_\_\_\_\_ Type: \_\_\_\_\_ Duration: \_\_\_\_\_



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## Seizure Policies

1. Participants with any history of seizures must submit a Seizure Disclosure Form signed by a parent/guardian before participating in any Triple H Ranch & Therapeutic Horsemanship programs.
2. If the participant has a history of seizures, and an adult responsible for that participant (parent/guardian/caregiver) may be asked to stay within sight of said participant at all times while participating in Triple H Ranch & Therapeutic Horsemanship programming.
3. Triple H Ranch & Therapeutic Horsemanship staff must be notified of any new seizure activity, including any changes in frequency or type of seizures. Failure to notify Triple H Ranch & Therapeutic Horsemanship staff may result in dismissal from the program.
4. Any medications or procedures (including magnets for VNS) that must be administered to the participant to prevent or control seizures must be administered by an adult responsible for that participant (parent/guardian/caregiver). Medications and/or procedures will not be administered by Triple H Ranch & Therapeutic Horsemanship staff.
5. According to PATH Intl. Standard: the following conditions are contraindications to riding for participants with seizures. If a listed condition is present or becomes present, the participant will be prohibited from riding until the condition is no longer present (or has not happened for three months as documented by the treating physician):
  - a. Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizure due to their sudden and complete loss of postural muscle tone
  - b. A change of frequency or type of seizure until the condition is evaluated
  - c. Inability to manage a participant during an emergency dismount should a seizure occurPossible exceptions to the three-month policy may include, but are not limited to:
  - d. Very small size of participant, allowing for ease of an emergency dismount (under 40 lbs)
  - e. Absence of motor involvement, such as a very brief loss of awareness with no significant post-seizure mental or physical reaction
6. Triple H Ranch & Therapeutic Horsemanship instructors will work with participants and their families if a seizure occurs, which would keep them from mounted activities for a period of time, to determine whether alternative programming can be offered safely until they can return to mounted activities. There may be circumstances where safe alternative activities cannot be completed.
7. Triple H Ranch & Therapeutic Horsemanship instructors working directly with a participant with a known history of seizures will have access to the Triple H Ranch & Therapeutic Horsemanship Seizure Disclosure Statement for the participant. Volunteers working with a participant with a history of seizures will be made aware of the pertinent information by the instructor or therapist for the participant's safety.



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8. Participants participating in Triple H Ranch & Therapeutic Horsemanship's mounted programming who have a seizure (of any type listed above) that fails to disclose recent seizure activity or changes in frequency may be dismissed from the program at Triple H Ranch & Therapeutic Horsemanship's discretion.
9. We reserve the right to accept or deny a potential therapeutic riding student based on health contraindications or precautions and/or seizure history.

If there is a history of seizures, a Seizure Disclosure Form has been signed, and the information disclosed above is accurate and complete to the best of my knowledge. I have read the Seizure Policies above and understand and agree with them all. I have no concerns about the above-named person participating in equine-assisted activity and therapies and understand that Triple H Ranch & Therapeutic Horsemanship has the right to decline services if it is determined that there is a contraindication present at any time in the future. I further understand that it is my responsibility to disclose any new seizure activity or any change in frequency of seizures for the duration of my participation in any Triple H Ranch & Therapeutic Horsemanship program and that failure to do so could result in significant risk and/or injury to myself, my participant, Triple H Ranch & Therapeutic Horsemanship staff, volunteers, and horses and could result in dismissal from the program.

Signature of Participant (Parent/Guardian if minor)

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Reviewing Triple H Ranch & Therapeutic Horsemanship Staff

\_\_\_\_\_ Date \_\_\_\_\_

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