

Date filled out: _____

**HORSE
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BUDDY**



ADDITIONAL MEDICAL REPORT FOR SEIZURE DISORDERS
(Only necessary for those with a history of seizures.)

Name: _____ DOB: _____

SEIZURE HISTORY

Date of last seizure: _____ Type of Seizure: _____

Please LIST on the back all of the dates of any seizure activity during the last 5 years.

Any typical aura or pre-seizure behavior:

Any typical motor behavior during the seizure:

Average duration of seizure: _____ Current frequency of seizures: _____

Typical behavior during recovery from the seizure:

Seizure medications and their side-effects:

What to do should a seizure occur at the riding center:

Additional Comments, and/or concerns:

I acknowledge the risks and potential for risks of equine related activities. However, I believe and acknowledge that the possible benefits to my son/daughter/ward are greater than the risk assumed.

PRINT NAME: _____

SIGNATURE: _____ Date: _____
(This form must be completed by a parent or legal guardian for persons less than 18 years of age.)