

Health History: Do you have or have you ever had any of the following? Please describe fully.

- | | |
|---|---|
| _____diabetes (insulin dependent) | _____heart problems |
| _____diabetes (diet/exercise controlled) | _____emotional problems |
| _____allergic reaction to insect bites | _____allergic reaction to bee/wasp stings |
| _____asthmatic attacks | _____low heat tolerance |
| _____head injury or severe blow to the head | _____seizures |
| _____broken bones | _____neck/back injury |
| _____sprained /injured ankle or knee | _____ADD |
| _____partial or complete paralysis | _____ADHD |
| _____vision problems | _____autism |
| _____hearing problems | _____muscle spasticity |
| _____anxiety attacks | _____dizziness/light-headedness |
| _____OTHER: please describe in full (use back if needed): _____ | |

Current Medications: Please list all medications you are currently taking. Include prescription, over-the-counter, vitamins, or herbal supplements. (use back if needed)

- | | | |
|---------------|--|-------------------------------|
| _____aspirin | _____acetaminaphin/Tylenol | _____other pain reliever_____ |
| _____inhalers | _____other (prescription and non-prescription) | |
| _____ | _____ | _____ |

Medical/known allergies: Please list all known allergies to medications, foods, and materials (i.e. latex, sulfa drugs, chocolate, peanuts, etc.) (use back if needed)

- | | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Is there anything else we need to know that would affect your ability to spend 1½ – 2 hours continuously working with a horse? (use back if needed)_____

I understand that if any medications are needed while on the premises of Diamond TR Horsemanship Academy, I will bring them with me. _____(initials)

In the event of an emergency, I authorize Diamond TR Horsemanship Academy to transport, or arrange transportation for, the injured person to the medical center or hospital named above, if unable to reach the emergency contact listed. If no hospital/medical center is named, I understand that emergency transport will be to the nearest/appropriate facility, in the opinion of the attending medical personnel. I understand that I am responsible for any financial obligation subsequently incurred.

Signature:_____ Date:_____

Signature of parent or guardian if person is under age 18
_____ Date:_____