

WE CAN RIDE



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DATE RECEIVED _____

(OFFICE USE ONLY)

2019 SEIZURE STATEMENT

SUBMIT TO OFFICE

A Seizure Statement is *required* for all clients with any seizure activity in the *last 10 years*. Frequency of seizures varies widely and cannot always be predicted. We Can Ride wants to prepare our horses, staff, and volunteers for correct and safe procedures to ensure client safety in case of a seizure. **Notify your instructor or WCR staff person as soon as possible if any changes occur!** For clients with seizures – please provide information regarding:

If a seizure has occurred in the past 3 years please have the client's *physician* fill out & sign!

Client Name: _____

Type of seizure: _____

Typical aura/pre-seizure sensations or behaviors during seizure: _____

Typical motor activity during seizure: _____

Average duration of seizure: _____

Current frequency of seizures: _____

Date of last seizure: _____

Description of behavior during the recovery state and its duration: _____

What to do if seizure occurs at center: _____

In my opinion, this client can receive horseback riding therapy under appropriate supervision. However, I understand that We Can Ride, Inc. will determine whether they can safely provide services.

Physician Name (Print): _____ Signature: _____

Date: _____ Parent Signature: _____

Address: _____ Physician Stamp Here.

City/State/Zip _____

Phone: _____