Standing Tall Life Skills Program Application 2020

General Information

Participant Name:_____ Gender: ❑ Male ❑ Female

Parents/Guardians:_____ Phone:_____

Date of Birth:_____ Age/Grade:_____/_____ Height:_____ Weight: _____
Month Day Year

Address: _____
Street Address City Zip County

Email:_____ Cell: _____

Health Information

PHYSICAL HEALTH ISSUES - Please details any issues, diagnoses, and accommodations needed.

	Yes	No	
Vision/Eyes	☐	☐	_____
Hearing	☐	☐	_____
Motor Skills	☐	☐	_____
Posture	☐	☐	_____
Grooming	☐	☐	_____

EMOTIONAL/BEHAVIORAL ISSUES - Please details any issues, diagnoses, and accommodations needed.

	Yes	No	
Psychological	☐	☐	_____
Behavioral	☐	☐	_____
Impulse control	☐	☐	_____
Follow direction	☐	☐	_____
Interact w/others	☐	☐	_____
Eye contact	☐	☐	_____
Attention span	☐	☐	_____
Sensory/Touch	☐	☐	_____

Triggers (Emotional/Behavioral)**:** _____

Motivators:_____

Strengths:_____

Areas to Improve: _____

Issues with Animals: _____

Medications:_____

Allergies: _____

Seizures: *Type*:_____ *Controlled*: **Yes** or **No** *Date of Last Seizure:* _____

Medical Information Declaration

All of the information provided is true and accurate to the best of my knowledge. The participant has no medical, behavioral, or mental health issue that would prevent him/her from participating in the Standing Tall Life Skills Program and equine-assisted activities (such as uncontrolled seizures, Atlantoaxial Instability, or other conditions/diagnoses for which a physician would restrict or prohibit his/her participation).

_____ _____
Signature of Parent/Guardian/Responsible Party Date

Photo Release

☐ I DO or ☐ I DO NOT

consent to and authorize the use and reproduction of all photography (including but not limited to still and video photography and audio and visual materials) taken of the participant and his/her family for promotional materials, educational activities, exhibitions, community fairs, donations, grants, and any other use designed to benefit and/or promote the Standing Tall Life Skills Program.

_____ _____
Signature of Parent/Guardian/Responsible Party Date