



SEIZURE INFORMATION FORM

Mail To:
Simple Changes
PO Box 991
Lorton, VA 22199

Does the participant have a seizure disorder? YES NO

If yes, please fill out this form about the seizure disorder. **If no, please sign bottom of form.**

Participant's Name: _____

1. What type of seizures does the participant have:

2. What is the typical motor activity during a seizure:

3. What is the average duration of a seizure:

4. How does then participant feel and behave after a seizure? How long does this last:

5. What should we do should a seizure occur while on a horse or at the center:

6. Is there anything else that we need to know about the seizure disorder:

By signing this form, you are agreeing to inform the Program Director and your riding instructor if there is a change in the frequency or type of seizure activity.

You must inform your instructor if the participant has had a seizure the day of a riding lesson. The Program Director reserves the right to not allow a participant to ride if they feel it is unsafe due to significant seizure activity or post-seizure weakness the day of a lesson.

Signature: _____ **Date:** _____
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____ Subsequent Year Initials: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian Participant (if over 18), Parent or Legal Guardian