



# PARTICIPANT UPDATE FORM

Hope Haven Therapeutic Riding Centre

## General Contact Information

Please fill out as much as possible in order to keep our records updated.

### Participant Name

### Date of Birth

### Phone Number (if >18)

### Email (if >18)

### Address

### Primary Contact Parent/Guardian

**Secondary Contact Parent/Guardian**

**Support Worker Contact (if applicable)**

**Please indicate which contact will be accompanying participant to Hope Haven.**

**Which contact will be handling the billing.**

# Current Health Information

Height

Weight **\*\*Important\*\***

Please list any Medical Diagnoses

Please describe any PHYSICAL challenges

Please describe any COGNITIVE challenges

Please describe any SOCIAL or EMOTIONAL challenges

Current Medications

Allergies

**Seizures: last occurrence, type of seizure, relevant medications**

**Parent / Guardian Signature (or participant if >18)**

**Date of Completion**

**Thank you for helping to keep our records up to date!**