

APPENDIX 4E-RR4

***Michigan 4-H Proud Equestrians Program
Physician's Referral for Horseback Riding***

This form is valid for a period of one year from the date signed.

No individual can be accepted for riding instruction in a Michigan 4-H Proud Equestrians Program until this form has been completed by his/her physician.

Rider's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Height: _____ Weight: _____

Parent/Guardian (if under 18): _____

The Michigan 4-H Proud Equestrians Program is a therapeutic horseback riding program designed to benefit the riders physically, socially, and emotionally. Only certified therapeutic riding instructors who meet the requirements for approval by Michigan 4-H Youth Development are qualified to teach in the program. Appropriate safety equipment is used at all times. Volunteers and horses are trained to meet the needs of the riders.

In order to ensure the riders' fullest possible protection and greatest personal benefit from the program, every rider is required to furnish the following medical information before being accepted as a riding student.

Diagnosis: _____

Date of Onset: _____

If diagnosis is Down Syndrome, this form must be accompanied by one of the following documents:

1. Michigan 4-H Proud Equestrians Program Down Syndrome Rider Evaluation
2. A signed, dated statement from a qualified physician giving the date and result of a diagnostic x-ray for Atlanto-Axial Dislocation Condition

NOTE: Because of the nature of the activity of horseback riding, no individual diagnosed as having Down Syndrome can be accepted for riding instruction without proof of a negative diagnostic x-ray for Atlanto-Axial Dislocation Condition.

Medical History: _____

Surgical Procedures: _____

Medications: _____

For: _____

Defects Present In: Sight Hearing Speech Neuro-sensation
 Muscle Tone Balance Coordination Mobility

Are braces or other assistive devices used? Yes No
Specify: Crutches Wheelchair Walker Other _____

NOTE: Due to the nature of the activity, indwelling spinal rods are contraindicative to horseback riding.

Comment if Applicable: Seizures: _____

Incontinence: _____ Other: _____

General Comments: _____

In my opinion, the patient named can receive riding instruction under appropriate supervision.

Physician's Signature: _____ Date: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____