

PRANCE

*Pegasus Riding Association Nurturing Challenged
Equestrians*

INFORMATION PACKAGE

PRANCE stands for Pegasus Riding Association Nurturing Challenged Equestrians. We are a non-profit therapeutic riding organization designed to help mentally, physically and emotionally challenged children and adults benefit physically, socially and emotionally from horseback riding. Safety equipment and specially trained horses and volunteers are used in the program.

PRANCE runs two sessions throughout the year, one in the spring and one in the fall. The spring and the fall sessions each run for 10 weeks. Please contact the PRANCE Office for more information concerning these sessions.

Our cost per lesson is available by contacting the office.

If for any reason a class is cancelled due to bad weather, etc. monies will be refunded at the end of the session or a credit will be given toward the next session.

We ask that, if possible, at least one parent/legal guardian take a volunteer training session in order that they may be called on to sidewalk should we require more volunteers for our classes. This session is approximately one and a half hours in duration and allows the parent(s)/legal guardian(s) to become familiar with the procedures and surroundings of PRANCE.

PRANCE depends on volunteers to facilitate all of its programs. We do our best to make this program run as smoothly as possible. If you have any questions or concerns about the program, please contact the PRANCE Office at 519-832-2522.

Thank you in advance for your patience and understanding.

The Instructors and Staff at PRANCE

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RIDER'S PROFILE:

Date: _____

Name: _____ Date of birth: _____

Address: _____

Email: _____

Parent/legal guardian: _____

In case of emergency notify: _____ Phone: _____

Health card number: _____

Information obtained from: _____ parent/legal guardian
_____ physician's referral
_____ rider
_____ other (specify) _____

Physician's name: _____ Phone: _____

MEDICAL HISTORY:

Diagnosis: _____

Date of onset: _____

Medications: _____

Allergies: _____

Surgical procedures: _____

Speech: _____

Weight: _____ **Height:** _____

Assistive devices: _____

Past medical history: _____

Immunization date: _____

If not immunized, why? _____

GENERAL HISTORY:

Psychological: _____

Previous riding experience: _____

School/job: _____ Grade level/Position _____

Involved in other sports: _____

Interests: _____

Physiotherapy: _____

Goals: _____

Fears: _____

PHYSICAL ASSESSMENT

Sensory – Vision: _____ Hearing: _____

Integumentary: _____ Respiration: _____

Hematological: _____

Cardiovascular: _____ Peripheral: _____ Vascular: _____

Gastrointestinal: _____ Genitourinary: _____

Reproductive: _____ Endocrine: _____

Neurological: _____

Musculoskeletal: _____

ADDITIONAL COMMENTS

To the best of my knowledge the information provided in this form is accurate and complete.

Signature: Rider, Parent/Legal Guardian

Witness

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Physician's referral form

Name: _____ Date of Birth: _____

Address: _____

Parent/Legal Guardian: _____

Diagnosis: _____ **Date of Onset:** _____

Medical History: _____

Hepatitis B carrier _____ Yes _____ No If yes, infectious? _____ Yes _____ No

Surgical procedures: _____

Medications: _____

Physician's referral form con't

Visual defects: _____ Auditory defects: _____

Neurosensation: _____ Circulation: _____

Balance: _____ Coordination: _____

Spasticity /rigidity: _____

Seizures: _____

Braces/assistive devices: _____ Weight: _____

Precautions or contraindications: _____

Additional comments: _____

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

Physician's signature: _____

Address: _____

Phone: _____ Date: _____

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Box 2037
Port Elgin, ON
N0H 2C

(519) 832-2522
prance@bmts.com

Re: Riders with a diagnosis of Down Syndrome ONLY

Proof of a diagnostic negative Atlanto-Axial Instability (AAI) X-ray, taken anytime in the past, is required for all riders with Down Syndrome.

If X-rays are more than one-year old, physicians are requested to annually verify an absence of AAI symptoms. This can be done by a simple note from the doctor obtained at the time of the rider's annual physical.

Please ask your physician to include proof with his/her referral in one of the following ways:

- 1) Copy of X-Ray report
- or 2) Include date and results of X-Ray in Physician's Referral
- or 3) Fill in and sign this form.

Date of Atlanto-Axial X-Ray: _____

Result: _____

Physician's Signature: _____