

Medical Information Form - Confidential

Opening Gaits takes the safety of our Riders seriously

Our Instructors are First Aid and CPR trained.

In the event of a serious medical emergency our staff/volunteers will call 911.

Participant Information:

Full Legal Name: _____

Date of Birth: (mm/dd/year) _____

Sex: _____ Height: _____ Weight: _____

Alberta Health Care Number: _____

Disability Diagnosis: _____

Medications: _____

Mobility Aids Used: _____

Safety Information or Precautions that we should be aware of when working with this rider:

Emergency Contact Information:

1. Name and Relationship to Participant: _____

Telephone Number: _____ Cell Number: _____

2. Name and Relationship to Participant: _____

Telephone Number: _____ Cell Number: _____

Physician(s) Name: _____

To the best of my knowledge the information provided is true and correct.

Date: _____ Signature of Participant or Parent/Guardian: _____



Participant Disability Checklist -Confidential

Participant' Name: _____

Yes/Good	No/Poor	Disability	Comments/Description
		Seizures (severity/frequency)	
		Verbal or Non Verbal Speech Sign Language – level of skill	
		Mobility: Ambulatory	
		Cognitive Functioning Level	
		Ability to Understand and Follow Instructions	
		Hearing Ability	
		Range of Motion	
		Motor Impairment	
		Bone/Joint Concerns	
		Allergies	
		Heart/Blood Pressure Concerns	
		Fragility	
		Muscle Development	
		Balance Issues	
		Physical or Manipulative Behaviors	
		Spinal Injury or Instability (describe)	
		Feeding Tube/Indwelling Catheters	

To the best of my knowledge the information provided is true and correct.

Date: _____ Signature of Participant or Parent/Guardian: _____