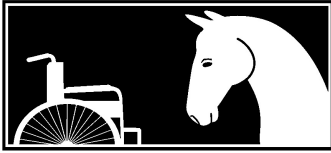


WE CAN RIDE



P.O. Box 1102
MINNETONKA, MN 55345
(952) 934-0057
FAX: (952) 974-9688
WWW.WECANRIDE.ORG

DATE RECEIVED _____

2012 SEIZURE STATEMENT

Seizure Statement is required for all clients with any seizure activity in the last 10 years.

Frequency of seizures varies widely and cannot always be predicted. We Can Ride wants to prepare our horses, staff, and volunteers for correct and safe procedures to ensure client safety in case of a seizure. For clients with seizures – please provide information regarding:

Client Name: _____

Type of seizure: _____

Typical aura/pre-seizure sensations or behaviors during seizure: _____

Typical motor activity during seizure: _____

Average duration of seizure: _____

Current frequency of seizures: _____

Description of behavior during the recovery state and its duration: _____

What to do if seizure occurs at center: _____

Completed by

Parent/Guardian (Name): _____

Date: _____