



HEARTLAND THERAPEUTIC RIDING, INC.

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SEIZURE DISCLOSURE AND POLICY STATEMENT

(This form must be signed by the participant or guardian and must be updated annually if participant has a history of seizures)

Seizure Policies

1. Participants with any history of seizures must submit a Seizure and Policy Disclosure Statement signed by a physician prior to participating in any programs at Heartland Therapeutic Riding.
2. If participant has a history of any of the following types of seizures, an adult responsible for that participant (parent, guardian, caregiver) must be **in sight** of said participant at all times while the participant is mounted:
 - **Generalized tonic clonic seizures (grand mal)** – includes loss of consciousness, stiffening of body (tonic) followed by jerking of the muscles (clonic).
 - **Myoclonic seizures** – consciousness is not affected, brief but intense muscle jerks usually involving the upper body. May sometimes lead to clonic tonic seizures.
 - **Tonic seizures (drop attacks)** – sudden, brief stiffening of the whole body, usually result in falling, no loss of consciousness.
 - **Clonic seizures (drop attacks)** – sudden, brief loss of muscle tone throughout body. Body goes limp and person will collapse, no loss of consciousness.
3. Heartland Staff must be notified of any new seizure activity, including any changes in frequency or type of seizures. Failure to notify Heartland Staff may result in dismissal from the program.
4. Participants may not ride within 24 hours of a generalized tonic clonic (grand mal) seizure. Please notify Heartland that participant will be absent if a seizure occurs within 24 hours of scheduled ride time.
5. Any medications or procedures (including magnets for VNS) that must be administered to participant to prevent or control seizures must be administered by an adult responsible for that participant (parent, guardian, caregiver). Medications and/or procedures will not be administered by Heartland Staff.
6. According to PATH Intl. standards, the following conditions are contraindications to riding for participants with seizures. If a listed condition is present, participation will be prohibited from riding until the condition is no longer present:
 - Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizure due to their sudden and complete loss of postural muscle tone.
 - A change of frequency or type of seizure until the condition is evaluated
 - Inability to manage a participant during an emergency dismount should a seizure occur.
7. Heartland instructors and therapists working directly with a participant with a known history of seizures will have access to the *Heartland Seizure Disclosure and Policy Statement* for that participant. Volunteers working with a participant with a history of seizures will be made aware of pertinent information by the instructor or therapist for the participant's safety.
8. Participants who have a seizure (of any of the type listed above) while mounted or fail to disclose recent seizure activity or changes in frequency may be dismissed from the program at Executive Director's discretion.

I have completed the Seizure Disclosure section of this form to the best of my knowledge and the information disclosed above is accurate and complete. I have also read the Seizure Policies section and understand and agree with all the policies listed. I further understand that it is my responsibility to disclose any new seizure activity or any change in frequency of seizures for the duration of my (my child's) participation in any program at Heartland Therapeutic Riding and that failure to do so may result in dismissal from the program.

Date: _____

(Signature of Participant (Parent/Guardian, if minor))