



Equine Assisted Therapy
at North Florida School
of Special Education

WELCOME!

Welcome to the Delores Barr Weaver Therapeutic Equestrian Center at North Florida School of Special Education. We are beyond excited to open our barn doors to our families and neighbors! We teach basic riding and horsemanship skills to riders of all ages of all abilities. Our program is designed to benefit our riders physically, socially, and emotionally by using horses and volunteers who are trained to work with individuals of varying abilities.



NorthFloridaSchool
Of Special Education

Enhance. Empower. Enlighten.

Equine-Assisted Therapy incorporates equine activities and/or the equine environment. For individuals with challenges, the unique relationship formed with the horse can lead to increased confidence, patience and self-esteem. Equine-Assisted Therapy will occur in classes during school hours.

Therapeutic Riding involves mounted activities including traditional riding disciplines or adaptive riding activities conducted by an experienced therapeutic riding instructor. North Florida School of Education is a member of PATH Intl. and is seeking certification.



Included in your rider request package are the following items:

1. Welcome Page
2. Rules for Riding
3. Participant Application Form
4. *Annual Physicians Referral Form
5. *Emergency Contact Information
6. *Photo/Name Release Form
7. Family Volunteer Form

* NFSSE students/riders do NOT need to fill out the form since we have them on file

Each lesson is one hour, over a six-week period. Lessons are available on **Sundays, Wednesdays and Thursdays**. During each lesson, riders will engage in:

- 15-minute warm-up
- 30 minutes of mounted activities
- 15-minute cool down

Upon completion of these forms, please return them to the front desk as soon as possible. Once the forms have been reviewed by our Administration, if you are eligible for the program you will be contacted to schedule a time for you to come in for an evaluation conference. Please check the calendar on our website for the most current riding schedule. If there is not an opening in a class appropriate for your age, then you will be placed on a waiting list until space opens up.

Once again welcome to Delores Barr Weaver Therapeutic Equestrian Center at North Florida School of Special Education. We hope you will enjoy our program!

For questions or concerns, please contact Leigh Belmont
lbelmont@northfloridaschool.org
904.724.8323 ext. 1110

Please Keep This Page for Your Reference

RULES FOR RIDING

1. For your safety, you must follow all of the instructor's directions.
2. A safety helmet must be worn at all times when riding, in the arena, grooming and in the barn.
3. For the safety of all riders, staff and volunteers, NFSSE requires the following:
 - a. A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old and all non-verbal riders. NFSSE reserves the right to extend this policy to other riders as deemed necessary by a NFSSE designated representative.
 - b. Due to the weight carry limits of our therapy horses as well as the availability and limitations of our volunteers, riders must weigh no more than 190 pounds. This rule is required in order to ensure the safety of the riders, volunteers, and staff as well as to protect the health and soundness of the horses. If you exceed these weight requirements, contact the Program Director.
4. Long pants are recommended as well as closed toed shoes. Sneakers will be allowed but not recommended. Please do not wear skirts or overly short shorts.
5. Remember this is Florida. Bring something cool to drink, a hat for shade and a sweat band or towel if needed.
6. Any bleeding wounds or open sores must be covered with a bandage, or the rider cannot attend that lesson.
7. Please advise the instructor or Barn Manager if the rider has a behavioral or medical problem so that assisting volunteers may be informed.
8. Please be sure to advise the instructor of any medical changes (i.e.: a recent seizure).
9. Please refrain from coaching your rider from the sidelines. It is important their focus remain on the instructor and assisting volunteers.
10. Please make sure that any visitors you bring (including siblings) are kept under your supervision. (No climbing/sitting/standing on the fence, no shouting or loud voices, no running around the riding arena or parking lot, etc.)
11. Please check with the instructor or a staff member before using a camera or video.
12. Please do not hesitate to ask for help if you are unsure of something. The instructors, staff, and volunteers are always happy to assist.
13. Everyone on NFSSE property is asked to make themselves aware of and abide by our Rules for Riding.
14. Riding participation at NFSSE is at the discretion of NFSSE. If at any time the NFSSE's staff determines that riding at NFSSE is not an appropriate activity for a rider, NFSSE may remove a rider from the Program. NFSSE will not tolerate any rider who engages in disruptive conduct, exhibits behaviors that are unacceptable or unsafe, is disrespectful to instructors, horses or other riders, or fails to follow directions of instructors.

Thank You for Following Our Rules for Riding. Safety Is Our Number One Priority.

Note: Signature of Parent/Guardian is REQUIRED if Participant is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

ADULT/PARENT/GUARDIAN NAME (PRINT)

ADULT/PARENT/GUARDIAN SIGNATURE

WITNESS NAME (PRINT)

WITNESS SIGNATURE

EXECUTED THIS DAY OF , 20.

PARTICIPANT APPLICATION FORM

(Please print or type all information)

RIDER'S FULL NAME

AGE

DATE OF BIRTH

WEIGHT

GENDER (MALE/FEMALE)

(min. age of 4 years old for program eligibility)

ADDRESS

CITY

STATE

ZIP

WHO TO CONTACT

RELATIONSHIP

PHONE NUMBERS (HOME)

(WORK)

(CELL)

EMAIL ADDRESS

HOW DID YOU HEAR ABOUT NFSSE?

IS RIDER ABLE TO (accomplish the following items by themselves?):

YES

NO

WALK

SIT

STAND

SPEAK

EAT

DRINK

GO TO THE BATHROOM INDEPENDENTLY

CAN HE/SHE RIDE A:

☐ TRICYCLE

☐ BICYCLE

☐ HORSE

DOES HE/SHE HAVE ANY FEAR OF:

YES

NO

FALLING

SOUNDS

HEIGHTS

ANIMALS

OTHER

PLEASE DESCRIBE ANY BEHAVIORAL ISSUES:

Note: Signature of Parent/Guardian is REQUIRED if Participant is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

ADULT/PARENT/GUARDIAN NAME (PRINT)

ADULT/PARENT/GUARDIAN SIGNATURE

WITNESS NAME (PRINT)

WITNESS SIGNATURE

EXECUTED THIS

DAY OF

, 20

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***NON-NFSEE STUDENTS/RIDERS MUST FILL OUT**

ANNUAL PHYSICIAN'S REFERRAL FORM

PARTICIPANT'S NAME:

DATE OF BIRTH

HEIGHT

WEIGHT

PARENT/GUARDIAN NAME

PHONE

EMAIL

Equine Assisted Therapy at NFSSE is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protections and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a rider:

DIAGNOSIS

DATE OF ONSET

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability:

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PRESENT

ABSENT

Note: If the diagnosis is Down syndrome, the first Physician's Referral Form ever submitted to NFSSE must be accompanied by a negative diagnosis x-ray report for Atlantoaxial Instability. This must be a signed statement from a qualified physician giving the date and result of the x-ray. If you have questions, please call us.

MEDICAL HISTORY

ALLERGIES

SURGICAL PROCEDURES

MEDICATIONS

PRESCRIBED FOR

PRESENT IMPAIRMENTS (PLEASE CHECK YES OR NO FOR EACH CATEGORY):

IMPAIRMENT	YES	NO	COMMENTS
AUDITORY			
VISION			
TACTILE SENSATION			
SPEECH/COMMUNICATION			
SENSORY INTEGRATION			
CARDIAC			
PULMONARY			
INTEGUMENTARY/SKIN			
BALANCE			
MOBILITY			
MUSCULAR			
SPASTICITY AND/OR RIGIDITY PRESENT			
BRACES OR ASSISTIVE DEVICES			
ORTHOPEDIC			
SEIZURES (IF YES, DATE OF LAST ONE)			
COGNITIVE			
EMOTIONAL/PSYCHOLOGICAL			
OTHER			

PRECAUTIONS OR CONTRAINDICATIONS TO THERAPEUTIC HORSEBACK RIDING

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that NFSSE will weigh the medical information given against the existing precautions and contraindications identified above and by the Professional Association of Therapeutic Horsemanship (PATH). Therefore, I refer this person to NFSSE for ongoing evaluation to determine eligibility for participation.

Physician's Signature

Printed Name

Dated this day of , 20.

(Physician's Stamp)

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EMERGENCY CONTACT INFORMATION

In Case of Emergency:

In case of emergency, NFSSE's policy is to immediately call 911 and to then contact the name indicated below if not already on site.

Emergency Contact Information:

<input type="text"/>		<input type="text"/>
NAME		RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBERS (HOME)	(WORK)	(CELL)

Authorized Personal:

A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old, all non-English speaking riders, and all non-verbal riders. If someone other than the parent or guardian will be accompanying the rider, please add this person's name and contact information below.

Please indicate designated persons:

<input type="text"/>	<input type="text"/>
NAME	PHONE NUMBER
<input type="text"/>	<input type="text"/>
NAME	PHONE NUMBER

NOTE: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

<input type="text"/>	<input type="text"/>
ADULT/PARENT/GUARDIAN NAME (PRINT)	ADULT/PARENT/GUARDIAN SIGNATURE
<input type="text"/>	<input type="text"/>
WITNESS NAME (PRINT)	WITNESS SIGNATURE

*NON-NFSEE STUDENTS/RIDERS MUST FILL OUT

PHOTO AND NAME RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) North Florida School of Special Education, a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NFSSE") the following permission:

Photo Release:

_____ The undersigned hereby grant(s) NFSSE to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes NFSSE, its advertising agents, news media, and any other persons interested in NFSSE and its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NFSSE website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of photographic images.

Name Release:

_____ The undersigned hereby grant(s) NFSSE to use _____'s (print full name) full name and consents and authorizes North Florida School of Special Education, its advertising agents, news media, and any other persons interested in North Florida School of Special Education, and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NFSSE website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on NFSSE to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

IN WITNESS WHEREOF, the undersigned executes this release

This _____ day of _____, 20.

NOTE: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

ADULT/PARENT/GUARDIAN NAME (PRINT)

ADULT/PARENT/GUARDIAN SIGNATURE

WITNESS NAME (PRINT)

WITNESS SIGNATURE

FAMILY VOLUNTEER FORM

We need your help in making our program at NFSSE a success! As with all not-for-profit therapeutic riding programs, NFSSE's success is dependent on the help of volunteers. Your participation as a volunteer demonstrates your family's commitment to the program and helps to ensure long-term stability. When you volunteer your time to help at NFSSE, you motivate others in our community to donate their time and effort to help our special riders succeed.

PLEASE INDICATE BELOW ANY AREAS IN WHICH YOU WOULD BE INTERESTED IN HELPING OR LEARNING MORE:

I WOULD LIKE TO HELP WITH:

- ☐ THERAPEUTIC RIDING AND RELATED PROGRAM ACTIVITIES
 - ☐ SIDEWALKING
 - ☐ GROOMING/TACKING
 - ☐ LEADING
 - ☐ COORDINATING RIDERS AND VOLUNTEERS DURING PROGRAM ACTIVITIES
- ☐ OFFICE WORK
 - ☐ FILING
 - ☐ MAKING PHONE CALLS
 - ☐ DATA ENTRY
- ☐ BARN WORK AND REPAIR
 - ☐ TACK CLEANING
 - ☐ CLEAN EMPTY STALLS
 - ☐ LAUNDRY (WASHING SADDLE PADS / FOLDING LAUNDRY)
- ☐ PROPERTY IMPROVEMENTS/MAINTENANCE/REPAIRS AND BEAUTIFICATION
 - ☐ HANDYMAN SERVICES
 - ☐ PAINTING (FENCES, HOUSE, BARN, OFFICE INTERIOR, ETC.)
 - ☐ HANGING PICTURES / DECORATING
 - ☐ GARDENING, WEEDING AND YARD WORK
 - ☐ SPECIALIZED CONTRACTOR SERVICES (FLOORING, ELECTRICAL, PLUMBING, ROOFING, ETC.)
- ☐ OFFICE CLEANING
 - ☐ VACUUMING
 - ☐ DUSTING
 - ☐ MOPPING
 - ☐ CLEANING BATHROOMS
- ☐ OTHER _____ (PLEASE SPECIFY)

You may not realize that your special skills and talents could be of great help to our program and riders. Also, your affiliation (past or present) with an employer, professional association, social club or faith congregation may give us an opportunity to reach out into the community to let others know about our program. PLEASE TELL US BELOW ABOUT ANY SPECIAL SKILLS OR AFFILIATIONS THAT YOU WOULD LIKE TO SHARE WITH US:

CURRENT OR FORMER EMPLOYER(S) / PROFESSIONAL SKILLS:

ADDITIONAL SPECIAL TALENTS / SKILLS: