



Child's Name: _____ Date: _____

Parent/Guardian: _____ Home Phone: _____

Current School District: _____ Work Phone: _____

Address: _____ Cell Phone: _____

Best time of day to contact you: _____

Abilities/Concerns/Allergies/ Medical Information: _____

Please note that all riders must complete a medical examination prior to assessment.

Physician Information: _____

Emergency Contact information: _____

Does the rider have any previous experience with horses? Yes. No. If yes, please explain. _____

Is your child currently receiving any of the following interventions? Please check all that apply.

Social group Occupational therapy Physical Therapy Speech Language Therapy

Individualized Education Plan Other: _____

Bridges offers a variety of possible interventions for your child. It is the goal of the Bridges program to provide an individualized program. We will be contacting you as soon as possible to schedule your assessment. Prior to that assessment, it is necessary for your child to receive a medical release from your child's physician. Equine activities can be rigorous and as always, Bridges is committed to the safety and well-being of your child. There are no exceptions. If you feel, there is any additional information that our Bridges team needs to know to better serve you and your child, please feel free to leave comments below. Thank you for your interest! We will be talking with you soon.

*Sincerely,
Nathan Rudolph and the Bridges Team!*

Additional information:
