



UpReach Therapeutic Equestrian Center, Inc.

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PARTICIPANT INFORMATION UPDATE

(To be completed by the participant or parent/legal guardian)

In order to keep our files current, please completely fill out the information below.

Today's Date: ____/____/____

PARTICIPANT INFORMATION

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

PARENT/GUARDIAN INFORMATION: (if different from participant)

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

DAY PROGRAM PROVIDER: (if different from parent/guardian)

Name: _____

Day Phone: _____ Cell Phone: _____ Email: _____

Email: _____

BILLING INFORMATION: (if different from parent/guardian)

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

SEIZURE INFORMATION

Does the participant have a seizure disorder? ____ Yes ____ No

If yes, please complete the following:

Have there been any changes in seizure type or activity in the past 12 months? ____ Yes ____ No

What type of seizure occurs? _____

Are there any warning signs? ____ Yes ____ No

If yes, what is the warning sign? _____

What may trigger seizures? _____

What is the frequency of seizures? _____

When was the last seizure? _____

Any special instructions if a seizure occurs? _____

When the seizure is over, what is the reaction? _____

Type of seizure medication and possible side effects: _____
