



THE CHILDREN'S RANCH FOUNDATION
 4007 Verdant Street
 Los Angeles, CA 90039
 www.thechildrensranch.org 213-447-6456

Personal and Confidential Participant Information & History

Today's Date _____

Child's Name _____ Date of Birth _____ Height _____ Weight _____

Parent 1 Name _____ Occupation _____

Parent 1 Address _____ Parent 1 phone _____

Parent 1 cell _____ Parent 1 email _____

Parent 2 Name (if applicable) _____ Occupation _____

Parent 2 Address _____ Parent 2 phone _____

Parent 2 cell _____ Parent 2 email _____

Child's School _____ Grade _____ Teacher _____

HEALTH HISTORY

Please indicate current or past problems in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Pain			
Bone/Joint			
Muscular			
Learning Disabilities			

BEHAVIORAL AND SAFETY ISSUES

Circle and describe applicable issues (indicate current or past issue):

- | | |
|-------------------------------------|-------------------------|
| Inattention | Psychosomatic symptoms |
| Hyperactivity | Suicidal ideations |
| Boundary issues | History of runaway |
| Separation anxiety | Sexual abuse/acting out |
| Anxiety | Physical abuse |
| Phobias | Emotional abuse |
| Aggressive behavior | Hallucinations |
| *Seizure disorder | Delusions |
| Unpredictable or Dangerous behavior | Disassociations |
| Self-injurious behaviors | History of animal abuse |

**Seizures: Please list date of onset, type, description of aura (if any), and date of last seizure if applicable:*

OTHER THERAPEUTIC SERVICES *Previous and On-going?*

DEVELOPMENTAL MILESTONES

Please indicate approximate month of milestone in the following areas:

Crawling _____ *Walking* _____ *Speech Communication (first words)* _____

SELF-HELP SKILLS

Does your child need assistance with the following self-help tasks:

Feeding _____ *Dressing* _____ *Bathing* _____ *Toileting* _____ *Brushing hair* _____ *Brushing teeth* _____

Organizational skills _____ *Home routine/chores* _____

Areas of concern? _____

FINE MOTOR SKILLS

Does your child need assistance with the following fine motor tasks:

Writing upper/lower case letters _____ *Writing numbers* _____ *Using scissors* _____ *Tying shoes* _____

Fastening buttons/snaps _____ *Securing belt buckles* _____ *Zippers* _____ *Proper use of knife & fork* _____

Areas of concern? _____

GROSS MOTOR SKILLS

Is your child able to:

Run _____ *Jump* _____ *Skip* _____ *Jump rope* _____ *Throw/Catch a ball* _____ *Kick a ball* _____

Does your child like sports? Which sports? _____

Areas of concern? _____

BACKGROUND:

Please list the triggers/stressors that may cause your child discomfort, including environmental (ie. heat, extreme weather changes, loud noises), social (ie., proximity in a group, open ended questions), physiological (ie., lack of sleep, medication), and other issues (ie., rules, expectations, following instructions): *(use back for extra room)*

What would you say your child's current coping mechanisms are for the above triggers/stressors? *(use back for extra room)*

SOCIAL AND PLAY SKILLS

Describe your child's social skills. Friendships? Ability to participate in age-appropriate games? Reciprocal play?

What is your child's favorite toy or hobby?

Your child's areas of interest? Extracurricular activities?

What is your child's learning style? _____

Describe your child's temperament. _____

What are your child's greatest strengths?

DIETARY RESTRICTIONS

Please list any special dietary restrictions that your child may have while s/he is at the Ranch:

GOALS

Areas of greatest concern about your child? What would you like your child to accomplish through his/her experience at The Children's Ranch?

SIBLINGS

Please tell us about your child's siblings, if any.

CONSENT FOR CARE AND TREATMENT

I hereby agree and give my consent for The Children's Ranch Foundation (including Jackie Sloan, President, Director and instructor, and any and all independent contractors, staff and volunteers working with The Children's Ranch Foundation) to furnish care and treatment considered necessary and proper in treating my child.

Signature: _____ Date: _____

Parent or Legal Guardian

PAYMENT & CANCELLATION POLICY

Payment for lessons is due monthly, in advance, on the first of the month. Payment may be sent to The Children's Ranch Foundation, 4007 Verdant Street, LA, CA 90039, or may be brought to the Ranch in person. If your child must miss his or her scheduled lesson, please call the Ranch 24 hours in advance of the scheduled lesson time so that we can notify teachers/staff & arrange for a make-up lesson. Unfortunately, there are no refunds for missed lessons; however, we will make every effort to schedule a make-up lesson if given 24 hours notice of cancellation.

Signature: _____ Date: _____

Parent or Legal Guardian

PHOTOGRAPHY & VIDEO CONSENT

I consent to and authorize the use and reproduction by The Children's Ranch Foundation of any and all photographs and any other audio-visual materials taken of me and/or of my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Parent or Legal Guardian

RIDING ATTIRE POLICY

A child may ride and be in the vicinity of horses and ponies ONLY IF a child is wearing (1) a well-fitted ASTM standard Riding Helmet, (2) long pants, and (3) boots with hard-soles and 1/2 inch heels. Children who attend a session without the above 3 required items may not participate in horse and pony activities, but may observe them from a safe distance. Helmets and boots may be purchased at any tack store. You may also borrow a helmet and boots (if we have your size) from The Children's Ranch.

I hereby acknowledge the above Riding Attire Policy. If my child attends a session without the above 3 required items, I understand that my child may not participate in horse and pony activities, but may observe them from a safe distance.

Signature _____ Date _____

Parent or Legal Guardian

NOTE: The Ranch has a limited number of helmets and boots to borrow. Please let us know in advance if you plan to borrow items for your child.

THANK YOU!

Thank you for filling out the above information. This information is helpful in providing us with a broader picture of your child's development, as well as areas of past and present concerns. We look forward to getting to know you and your child. Please don't hesitate to contact us if you have any questions or additional information that would better assist us in teaching your child.

The Children's Ranch Foundation
4007 Verdant St., LA, CA 90039
www.thechildrensranch.org

Jackie Sloan, Director
213-447-6456
jackie@thechildrensranch.org



PARTICIPANT'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's name: _____ Date of Birth: _____
 Participant's Parent or Legal Guardian name: _____ Home phone: _____
 Cell Phone: _____ Work phone: _____
 Address: _____
 Participant's Diagnosis (if any): _____
 Physician's Name: _____ Medical Facility: _____
 Physician Address/phone: _____

 Health Insurance Co: _____ Policy #: _____

Participant's Allergies? _____
 Allergies to medications: _____
 Participant's Current medications: _____

 Possible side effects to medications: _____

In the event of an emergency, if parent/legal guardian cannot be reached, contact:
 Name: _____ Relation: _____ Phone: _____
 Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event that emergency medical aid/treatment is required for Participant due to illness or injury during the process of receiving services, or while being on the property of The Children's Ranch, and the above cannot be reached, I authorize The Children's Ranch Foundation (including Jackie Sloan, President, Director and instructor, and any and all independent contractors, staff and volunteers working with The Children's Ranch Foundation) to:

1. Secure and retain medical treatment and transportation if needed.
2. Release Participant's records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent signature: _____
 Participant, or Participant's Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury to Participant during the process of receiving services or while being on the property of The Children's Ranch. In the event emergency treatment/aid is required for Participant, I wish the following procedures to take place:

 Date: _____ Non-consent Signature: _____
 Participant, or Participant's Parent or Legal Guardian



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PARTICIPANT'S RELEASE AND HOLD HARMLESS AGREEMENT

This Release Limits Our Liability. Read It!

By signing this Participant's Release and Hold Harmless Agreement ("Agreement"), I, on behalf of myself, my minor child(ren), and any successors and assigns (hereinafter collectively referred to as "I," "me" or "my"), acknowledge that equine assisted activities, therapeutic and pleasure horse riding are dangerous activities that may result in injury (including death) to me, my horse or my equipment. With this knowledge, in consideration for the services of The Children's Ranch Foundation, located at The Children's Ranch, Inc. (The Children's Ranch Foundation and The Children's Ranch, Inc., including but not limited to Jackie Sloan, Director and instructor, are collectively referred to herein as the "Ranch"), and as inducement for the Ranch to provide equine assisted activities, therapeutic and pleasure riding to me, I hereby waive, release, discharge and hold harmless the Ranch, its officers, directors, employees, independent contractors, volunteer assistants, agents, and each of its, his or her heirs, executors, administrators, successors or assigns (the Ranch, its officers, directors, employees, independent contractors, volunteer assistants, agents, and each of its, his or her heirs, executors, administrators, successors or assigns shall be referred to herein as "the Ranch Released Parties") from any and all liability for damages sustained by me, my family, any animal owned or controlled by me or the Ranch Released Parties, or for any item of personalty under my dominion and control. Without limiting the generality of the above, I hereby waive and release the Ranch Released Parties for liability based on any act or omission or the active or passive negligence of said Ranch Released Parties. _____ *(initials)*

I hereby agree to indemnify and hold the Ranch Released Parties associated therewith harmless from all liability for loss, damage or injury to persons or property, including damages, judgments, attorney's fees and costs of suit, resulting from any alleged act or omission, or the alleged active or passive negligence of the Ranch Released Parties, or the actions of any animal within my, my instructor's, or the Ranch Released Parties' control. _____ *(initials)*

This Agreement and release extends to all claims, whether presently known or unknown. I hereby expressly waive any benefits I may have pursuant to Section 1542 of the California Civil Code relating to the release of unknown claims, which provides:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR." _____ *(initials)*

I acknowledge that I have read the foregoing and understand the contents thereof **and agree to all terms stated herein.**

Dated: _____
Signature

Please PRINT Name e-mail Address

MINORS MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS OR LEGAL GUARDIANS

I, the undersigned, parent or guardian of _____, for and in consideration of our child's participation at the Ranch, state that I have read the foregoing Participant's Release and Hold Harmless Agreement and I expressly agree that the terms and conditions of said Agreement shall apply to and be binding upon me and my minor child. I further warrant I have health and accident insurance for said minor.

Dated: _____
Parent or Legal Guardian's Signature

Parent or Legal Guardian PRINTED Name Parent or Legal Guardian's Address (City/State)

NOTICE OF CLIENT/PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY

The Children's Ranch Foundation (including Jackie Sloan, President, Director and instructor, and any and all independent contractors, staff and volunteers working with The Children's Ranch Foundation) are required by law to protect the privacy of your child's personal health information. We provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

The Children's Ranch Foundation (including Jackie Sloan, President, Director and instructor, and any and all independent contractors, staff and volunteers working with The Children's Ranch Foundation) use your child's personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities; fundraising and grant writing; and evaluating the quality of care that we provide. For example, we may use your child's personal health information to contact you to provide schedule reminders, be included in statistics for fundraising, or provide other health related benefits that could be of interest to you.

We may also use or disclose your child's personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, our policy is to obtain your written authorization before disclosing your child's personal health information. If you provide us with a written authorization to release your child's information for any reason, you may later revoke that authorization at any time to stop future disclosures.

We may change our policy at any time. When changes are made, a new Notice of Client/Patient Information Practices will be posted and will be provided to you on your next visit. You may also request an updated copy of our Notice of Client/Patient Information Practices at any time.

CLIENT'S/PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your child's personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your child's records. You also have the right to request a list of instances where we have disclosed your child's personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your child's personal health information for treatment, payment and administrative purposes -- except when specifically authorized by you, when required by law or in emergency circumstances. We will consider all such requests on a case-by-case basis, but we are not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that we may have violated your child's privacy rights or if you disagree with any decisions we have made regarding access to or disclosure of your child's personal health information, please contact Jackie Sloan, Director of The Children's Ranch Foundation at 4007 Verdant Street, LA, CA 90039; tel. 213-447-6456. You may also send a written complaint to the US Department of Health and Human Services.

*******PLEASE KEEP THIS PAGE FOR YOUR REFERENCE**

CLIENT/PATIENT INFORMATION PRACTICES ACKNOWLEDGEMENT FORM

I have read and fully understand the NOTICE OF CLIENT/PATIENT INFORMATION PRACTICES for The Children's Ranch Foundation (including Jackie Sloan, President, Director and instructor, and any and all independent contractors, staff and volunteers working with The Children's Ranch Foundation). I understand that The Children's Ranch Foundation (including Jackie Sloan, President, Director and instructor, and any and all independent contractors, staff and volunteers working with The Children's Ranch Foundation) may use or disclose my child's personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment, payment or fundraising. I understand that I have the right to restrict how my child's personal health information is used and disclosed for treatment, payment and administrative operations if I notify them. I also understand that The Children's Ranch Foundation will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my child's personal health information for purposes as noted in the NOTICE OF CLIENT/PATIENT INFORMATION PRACTICES. I understand that I retain the right to revoke this consent by notifying The Children's Ranch Foundation in writing at any time.

Client/Patient/Child's Name: _____

Child's Parent or Legal Guardian Name: _____

Signature of Parent or Legal Guardian: _____

Date: _____



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PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT
 (To be completed by Participant's physician)

Participant's/Patient's Name: _____
 Date of Birth: _____ Height: _____ Weight: _____
 Address: _____
 Name of Parent or Legal Guardian: _____
 Participant's Diagnosis (if any): _____ Date of Onset: _____
 Tetanus Shot: Yes: _____ No: _____ Date: _____
 Medications: _____
 Seizure Type: _____ Controlled: Y N Date of last seizure: _____
 Shunt present: Y N Date of lat revision(s): _____
 Special Precautions/Needs: _____
 Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N
 Braces/Assistive Devices: _____
****Only for Persons with Down Syndrome:**
 Cervical X-ray for Atlantoaxial Instability: Positive: _____ Negative: _____ X-Ray Date: _____

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive/Mental Impairment			
Emotional/Psychological Impairment			
Other			

To my knowledge, there is no reason why the above named Participant/Patient cannot participate in supervised horseback riding, therapeutic riding and/or other equine assisted therapies using the movement of the horse. However, I understand that The Children's Ranch Foundation will weigh the medical information above against the existing precautions and contradictions.

PLEASE PRINT

Physician Name: _____ MD DO NP other _____
 Address: _____
 Phone: _____
 Physician's Signature: _____ Date: _____

Personal & Confidential Client Information CHECKLIST

We have provided you with a lot of information in this packet. Below is a checklist of the information that we will need to get started:

- A. The following items must be filled out completely and returned to The Children's Ranch Foundation, 4007 Verdant Street, LA, CA 90039:
1. **Personal and Confidential Client Information & History (pages 1-4)**
 2. **Participant's Authorization for Emergency Medical Treatment (page 5)**
 3. **Participant's Release And Hold Harmless Agreement (page 6)**
 4. **Client/Patient Information Practices Acknowledgement Form (page 8)**
 5. **Participant's Medical History And Physician's Statement (this must be filled out and signed by your child's physician) (page 9)**
- B. The following items should be retained by you for future reference and use:
1. **Notice Of Client/Patient Information Practices (page 7)**

If you have any questions, please feel free to call or email us.

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Jackie Sloan, Director
jackie@thechildrensranch.org
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NOTE: The Ranch has a limited number of helmets and boots to borrow. Please let us know in advance if you plan to borrow items for your child.

Helmets and boots may be purchased at any tack store, including DaMoor Feed & Tack, 1532 Riverside Drive, Glendale, CA 91201, (ph) 818-242-2841, www.damoorsfeedandtack.com. Mention The Children's Ranch Foundation, and they will often give you a 10% discount.