



Care Plan for Health Conditions or Medical Procedures

If care is provided for a participant / volunteer who has an ongoing health condition that requires specific care or may require a medical procedure, the participant/volunteer must complete this form. The staff and those designated by The Shane Center for Therapeutic Horsemanship, Inc. will implement the care plan.

Participant/Personnel Name:
Date of Birth:
Describe the health condition:
Describe the medical procedure to be completed and expected benefits of treatment, or mark N/A, no medical procedure required:
List activities/foods/environmental conditions to avoid or mark N/A, nothing to avoid:
Symptoms to watch for and actions to be taken if the symptoms are observed:
Is any medication required: Yes No If yes, what medication?
In an emergency, does the participant/personnel require additional assistance to evacuate? Yes No If yes, please explain:
In the event that S.C.T.H. would have to be evacuated, are there medications or supplies that must be taken with this participant/personnel? Yes No If yes, please describe: <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>



Signature of the staff and volunteers of The Shane Center for Therapeutic Horsemanship who have been informed about the participant's/personnel's condition so they can care for the participant/personnel according to this care plan or trained to perform the medical procedure.

Signature:	Date:	I have been informed:	I have been trained:
Signature:	Date:	I have been informed:	I have been trained:
Parent/Guardian Signature:		Date:	
Program Administrator:		Date:	