



Lesson Contact Sheet

Participant

Name: _____
Preferred Gender: _____ Preferred Pronouns: _____
Cell: _____ Email: _____
Address: _____

Primary Contact Person (if different from above)

Name: _____
Cell: _____ Email: _____
Address: _____

Secondary Contact Person (Emergency Contact)

Name: _____
Cell: _____ Email: _____
Address: _____

Medical

Please list any medical problems (physical/mental/emotional) that might influence the participant's ability to work with and be around horses:

Are any of the above medical problems currently uncontrolled? Yes _____ No _____

If yes, please explain. _____

Please list any mobility/joint problems that the participant might struggle with: _____

List any medications, the participant takes, that would be important to know about in case of emergency:
