



## 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: _____



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.

**It is recommended that a trained staff/personnel present when the participant/personnel is present.**

Signature:	Date:	I have been informed:	I have been trained:
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: