

**Sprout Therapeutic Riding and Education Center**  
**Seizure Risks and Strategies Form**



**Student Name:** \_\_\_\_\_

**Student/Parent Section:** *Please provide information about the seizures below*

<b>Body Involvement</b>	Whole	Right	Left	Can't tell		
<b>Movement</b>	Jerking	Stiffness	Can't tell			
<b>Eyes</b>	Up	Closed	Right	Left	Stare	Stare & Blink
<b>Skin</b>	Blue	No Change	Can't tell			
<b>Elimination</b>	Urinate	Defecate	None			
<b>Mouth</b>	Dry	Drool	Foam	Bite Tongue	Can't tell	
<b>After</b>	Asleep	Drowsy	Alert	Confused	Paralyzed	

**Triggers:** \_\_\_\_\_

**Warning Signs:** \_\_\_\_\_

**During/After Care/Actions:** \_\_\_\_\_

**Date of Last Seizure:** \_\_\_\_\_ **Duration:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Sprout Staff Section:** *Please identify risks and strategies below*

**Listed Risks:**

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**Sprout Strategies to Minimizing Risk:**

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Sprout has identified the following risks of riding and outlined strategies to minimize the associated risks. Should these be acceptable for you and your student, please sign below. If additional strategies are needed, please do not sign and instead, include them on the lines beneath and return to Sprout for review.

**Reviewed and Approved By:**

\_\_\_\_\_  
*Signature of Student or Caretaker*

\_\_\_\_\_  
*Date*

**Additional Strategies/Considerations:**

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