CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

MEDICAL CLEARANCE FORM

Dear Health Care Professional,
Your client, _____, DOB: _____ with a permanent address of _____ is interested in participating in Equine-Assisted Learning Programs. These are unmounted (non-riding) programs. Carlisle Academy's equine-assisted services and its instructors are accredited and credentialed by the Professional Association of Therapeutic Horsemanship, Intl (PATH, Intl.).

Please indicate any precautions or contraindications in the following systems/areas by checking the box.

Medical:	✓	*Comments:*
Sensory (visual, auditory, tactile)		
Speech		
Cardiac		
Circulatory		
Immunity		
Pulmonary		
Neurologic		
Muscular		
Balance		
Orthopedic		
Pain		
Migraines		
Learning Disability		
Emotional/Psychological		
Please List any known allergies:		
Please list any side effects of medications:		

This client is not medically precluded from participation in these programs. I understand that Carlisle Academy will weigh the medical information with existing precautions and contraindications.

Print Name/Title: _____
Professional Credentials: _____Signature: _____
Date: _____ _____
Address: _____
Phone: ( ) _____

Thank you for your assistance.

Please email this to Katrina Vallario, OTR/L at katrina@carlisleacademymaine.com. Note: Your client will not be able to participate in our program without this documentation. Please call us at 207-985-0374 if you have any questions or concerns.