Nature's Edge THERAPY CENTER INC.

2523 14 ¾ Avenue Rice Lake, WI 54868 715.859.6670 phone 715.859.6669 fax

GROUP PROGRAM REGISTRATION FORMS

To be completed by the participant or parent/legal guardian

GENERAL INFORMATION

Group Program Requested: _____

Participant's Last Name: _____ First Name: _____

Date of Birth: _____ Age _____ Height: _____ Weight: _____ M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Alternative Phone: _____

School/Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Teacher/Supervisor: _____ Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Alternative Phone: _____

Secure Email Address: _____

Referral Source: _____

How did you hear about Nature's Edge? _____

_____

_____

THERAPY HISTORY

Is the participant <u>currently</u> receiving *any* therapy services (physical, occupational, or speech therapy services) at any location (school, private clinic, county, etc.)? ☐ Yes ☐ No

If "yes" please tell us where and who the therapist is: _____

_____

Has the participant had therapy (physical, occupational, or speech therapy) <u>in the past</u>? ☐ Yes ☐ No

If "yes", please tell us where, when, and who the therapist(s) was: _____

_____

_____

HEALTH HISTORY

Please indicate current or past problems in the following areas:

	Yes	No	Comments
Vision	___	___	_____
Hearing	___	___	_____
Sensation	___	___	_____
Communication	___	___	_____
Heart	___	___	_____
Breathing	___	___	_____
Digestion	___	___	_____
Elimination	___	___	_____
Circulation	___	___	_____
Emotional	___	___	_____
Behavioral	___	___	_____
Pain	___	___	_____
Bone/Joint	___	___	_____
Muscular	___	___	_____
Thinking/Cognition	___	___	_____
Allergies	___	___	_____

What medications is the participant currently taking, including over-the-counter medications? _____

_____

_____

Describe the participant's abilities/difficulties in the following areas, including assistance required or equipment needed:

FUNCTION (mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

_____

_____

_____

ACTIVITY (endurance climbing stairs, estimated length of time participant can exercise, ability to play during entire recess time, etc.)?

_____

_____

_____

_____

SOCIAL (work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

_____

_____

_____

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RELEASE FORMS

REGISTRATION AND GENERAL RELEASE FORM

I, _____(Participant's/Parent's/Guardian's Name), hereby apply for participation in Nature's Edge Therapy Center, Inc.'s group program. I acknowledge the risks and the potential for risks of the program's use of horses and other animals. However, I feel that the possible benefits are greater than the risks assumed. I hereby forever release, discharge, and hold free and harmless, for myself, my heirs and assigns, executors or administrators, all claims for damages against Nature's Edge Therapy Center, Inc., its therapists, instructors, aides, volunteers and /or employees, and the Payne Ranch, of any and all injuries and /or losses the participant, participant's family or guests may sustain while participating in the group program.

_____ _____

Signature of Participant, Parent or Legal Guardian Date

PHOTO RELEASE

I consent to and authorize the use and reproduction by Nature's Edge Therapy Center, Inc. of any and all photographs and any other audiovisual materials taken of the participant, participant's family, or guests while in group sessions for use in promotional materials, educational activities, exhibitions, or for any other use for the benefit of Nature's Edge Therapy Center, Inc.

_____ _____

Signature of Participant, Parent or Legal Guardian Date

DAMAGE AGREEMENT

I, _____ (Participant's/Parent's/Guardian's Name), hereby agree that I will be responsible for seeing that any children, guests, or animals brought by me on the premises of Nature's Edge Therapy Center, Inc. are properly supervised at all times while on such premises. I further agree that I will be liable for any damage to the property of Nature's Edge Therapy Center, Inc. or the Payne family, while on the premises of Nature's Edge Therapy Center, Inc., or in the Payne home, and/or for any loss of use of such property resulting from any such damage, caused by my negligence or that of any child, guest, or animal brought on such premises by me. I further agree to pay for any necessary repairs or to reimburse Nature's Edge Therapy Center, Inc. and/or the Payne family for the reasonable cost of repair, replacement, and/or loss of use of such property pending repair or replacement.

_____ _____

Signature of Participant, Parent or Legal Guardian Date

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Consent Plan
In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services from, or while being on the property of, Nature's Edge Therapy Center, Inc., and the above cannot be reached, I authorize Nature's Edge Therapy Center, Inc. to:

- Secure and retain medical treatment and transportation if needed.
- Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes X-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____
Participant, Parent or Legal Guardian

Non-Consent Plan
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services from, or while being the property of, Nature's Edge Therapy Center, Inc. In the event emergency treatment aid is required, I wish the following procedures to take place:

_____
_____
_____
_____

Non-Consent Signature: _____ Date: _____
Participant, Parent or Legal Guardian