

Eagle Mount – Great Falls Medical Report



TO : FAX #:

Dear medical provider: The following individual has joined Eagle Mount Great Falls. In order to participate in our adaptive recreational activities, we need the participant’s medical provider to complete, sign and return this form by fax or mail. Eagle Mount Great Falls provides therapeutic and recreational activities for adults and children (ages 6 weeks and up) with physical, developmental, behavioral and/or mental challenges.

Adaptive activities we provide, but not limited to: Mounted and un-mounted horsemanship, alpine ski/board, ice skating, sled hockey, creative movement for infant/toddlers, float trips on rafts, pontoon boat rides, climbing, hiking, fishing and social groups. All activities are adapted to the needs of our participants including adaptive and safety equipment, trained staff and volunteer assistance. For a complete list of all current activities, visit our website at www.eaglemount.net.

Eagle Mount Great Falls, P.O. Box 2866, Great Falls, MT 59403 | Phone: 406-454-1449 | Fax: 406:454-1780

Participant Name: Date of Birth:
Parent/Guardian: Phone:

➤ Diagnosis:

❖ **If Diagnosis is Down Syndrome**, please indicate last x-ray date and condition of Atlantoaxial Dislocation:

➤ Date of Last Physical Exam: Height: Weight:

➤ Is participant subject to SEIZURES? Yes No If YES, date of last seizure:

❖ If yes, describe type of seizure, including frequency and any known triggers:

➤ Limitations / Restrictions: Full Participation No Participation
 Limited (describe)

➤ Other Medical Concerns to be monitored during activities: Yes No If yes, describe below:

Provider Signature: _____ Date: _____