



Participant's Consent for Release of Information

I hereby authorize _____, to release information from the records of:
(Person or facility)

_____ DOB: _____
(Participant's name)

The information is to be release to: _____
(Center or therapist's name)

for the purpose of developing an equine activity program for the above-named participant. The information to be release is indicated below:

- Medical History
- Occupational Therapy evaluation, assessment and program plan
- Mental Health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Psychosocial evaluation, assessment and program plan
- Other: _____
- Physical Therapy evaluation, assessment and program plan
- Speech Therapy evaluation, assessment and program plan
- Classroom Individual Education Plan (I.E.P.)
- Cognitive-Behavioral Management Plan

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: _____

