# Participant's Consent for Release of Information

I hereby authorize: _____
*(person or facility)*

to release information from the records of:_____ DOB:_____
*(participants name)*

The information is to be released to: _____
*(center or therapist's name)*

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

- o Medical history
- o Physical therapy evaluation, assessment and program plan
- o Speech therapy evaluation, assessment and program plan
- o Mental health diagnosis and treatment plan
- o Individual Habilitation Plan (I.H.P.)
- o Classroom Individual Education Plan (I.E.P.)
- o Psychosocial evaluation, assessment and program plan
- o Cognitive-behavioral management plan
- o Other:_____

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: _____