Participant’s Consent for Release of Information

I hereby authorize:

*(person or facility)*

to release information from the records of:

DOB:

*(participant’s 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:

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Medical history

Physical therapy evaluation, assessment and program plan Speech therapy evaluation, assessment and program plan Mental health diagnosis and treatment plan

Individual Habilitation Plan (IHP) Classroom Individual Education Plan (IEP) Psychosocial evaluation, assessment and program plan Cognitive- behavioral management plan

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:

PATH Intl. Standards for Certification & Accreditation

2018

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