

Therapeutic Horsemanship of West Michigan
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: Therapeutic Horsemanship of West Michigan

for the purpose of developing a therapeutic riding/equine activity program for the above named participant. The information to be released is marked below:

- _____ Overview of Medical History
- _____ Physical Therapy evaluation, assessment, and program plan
- _____ Occupational Therapy evaluation, assessment, and program plan
- _____ Speech Therapy evaluation, assessment, and program plan
- _____ Classroom Individual Education Plan (IEP) or Person Centered Plan (PCP)
- _____ Psychosocial evaluations, assessment, and program plan
- _____ Cognitive-Behavioral Management Plan
- _____ Other _____

Therapeutic Horsemanship of West Michigan adheres to confidentiality standards.

Signature: _____ Date _____

Please send materials to: Therapeutic Horsemanship of West Michigan
P.O. Box 248
Nunica, MI 49448-0248