



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

	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:

Inspiration Stables, Inc  
 PO Box 16  
 Peosta, IA 52068