



HOPE Therapeutic Riding Center

P.O. Box 334, Langley, WA 98260 (360) 221-7656

Email: hope@whidbey.com

Website: www.hope-whidbey.org

PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

_____ has applied to participate in equine-assisted activities at the HOPE Therapeutic Riding Center. The following information is requested for the sole purpose of better assisting the HOPE Head Instructor's assessment of the participant's abilities and limitations and development of an appropriate plan for the student's lessons.

I hereby authorize:

_____ (health care provider, counselor, therapist or facility)
of City _____ State _____ to release information from the records of: _____
(Participant's Name)
whose Date of Birth is: _____.

The information is to be released to: HOPE Therapeutic Riding Center

The information to be released is checked below:

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

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

Signature: _____ **Date:** _____
(Adult Student or Parent/Guardian)

Print Name: _____ **Phone:** _____

Relation to Participant: _____

Please send materials to: HOPE Therapeutic Riding Center
PO Box 334
Langley, WA 98260

"Grab the Reins of Life with HOPE!"