



# SEAPONY FARM

## 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:

- 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
- Other \_\_\_\_\_

**This release is valid for one year and can be revoked, in writing, at my request.**

Name: \_\_\_\_\_ (print legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_ (print legibly)

Please send information to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

