

**TEAM**  
**Rider's Consent for Release of Information**

I hereby authorize \_\_\_\_\_  
(Person or Facility)

to release information from the records of \_\_\_\_\_  
(Client's Name)

The information is to be released to \_\_\_\_\_  
(Operating Center's Name)

For the purpose of developing a Therapeutic Riding Program for the above-named student. The information to be released is marked below.

- \_\_\_\_\_ 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 (I.E.P.)
- \_\_\_\_\_ Other

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Client, Parent, or Guardian)

Please send the indicated material to \_\_\_\_\_  
(Operating Center's Name)