**Participant’s Consent for Release of Information**

I hereby authorize: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release information

 *(Doctor or Clinic)*

from the records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Participant’s Name)*

The information is to be released to the **If Wishes Were Horses Foundation** for the purpose of developing an equine activity program for the participant named above.

**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: If Wishes Were Horses Foundation**

 **537 State Hwy 9**

 **Morris, MN 56267**