

LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER

P.O. Box 558
WEST KENNEBUNK, ME 04094
207-499-0080
Fax # 207-499-2597

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____ to release information
(Person or Facility)
from the records of _____.
(Student's Name)

The information is to be released to LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER for the purpose of developing an appropriate therapeutic riding program for the above named client. The information to be released is marked below.

- MEDICAL HISTORY
- INDIVIDUAL HABILITATION PLAN (I.H.P.)
- PHYSICAL THERAPY EVALUATION AND PROGRESS NOTES
- OCCUPATIONAL THERAPY EVALUATION AND PROGRESS NOTES
- SPEECH THERAPY EVALUATION AND PROGRESS NOTES
- CLASSROOM INDIVIDUAL EDUCATION PLAN (I.E.P.)
- PSYCHOSOCIAL EVALUATION, ASSESSMENT AND PROGRAM PLAN
- COGNITIVE-BEHAVIOR MANAGEMENT PLAN
- OTHER: _____

THIS RELEASE IS VALID FOR ONE YEAR AND CAN BE REVOKED, IN WRITING, AT MY REQUEST.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

RELATION TO PARTICIPANT: _____

PLEASE SEND THE ABOVE INDICATED MATERIAL TO:

DONNA LARIVIERE MOT, OTR/L

LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER

P.O. Box 558

WEST KENNEBUNK, ME 04094

If you have any questions, please call the office at 207-499-0080. Thank You!