



Hoofbeats & Heartbeats, Inc. ♦ 12301 95th Street NE ♦ Elk River, MN 55330

Participant's Consent for Release of Information

I hereby authorize: _____
(person or facility)

to release information from the records of: _____ DOB: _____
(participants name)

The information is to be released to: **Hoofbeats & Heartbeats, Inc.** for the purpose of developing a therapeutic riding/equine activity program for the above named participant. 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.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behaviorial Management Plan
- Other: _____

Parent/Guardian's Signature: _____ Date: _____

Please send materials to:

Hoofbeats & Heartbeats, Inc.
12301 95th Street NE
Elk River, MN 55330