

# MANE STRIDE

## An Equine Assisted Therapeutic Riding Program

### 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
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychological 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: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Please send materials to:

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