



GaitWay Therapeutic Horsemanship

RIDER'S CONSENT FOR RELEASE OF INFORMATION

To be completed by participant or parent /legal guardian

I hereby authorize _____
(Name of health care provider or facility)

to release information from the records of _____ Date of Birth _____
(Rider's name)

The information is to be released to GaitWay Therapeutic Horsemanship (hereafter referred to as GaitWay) for the purpose of developing an equine activity program for the above named rider. The information to be released is indicated below:

- _____ Medical History
- _____ Physical Therapy evaluation, assessment and program plan
- _____ Occupational Therapy evaluation, assessment and program plan
- _____ Speech Therapy evaluation, assessment and program plan
- _____ Mental Health diagnosis and treatment plan
- _____ Individual Habilitation Plan (I.H.P.)
- _____ Classroom Individual Education (I.E.P.)
- _____ Psychosocial evaluation, assessment and program plan
- _____ Cognitive-Behavioral Management Plan
- _____ Other: _____

I understand that this release may be revoked and invalidated by my written request.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Rider: _____ Self _____ Parent _____ Legal Guardian _____ Other (_____)

Please return registration forms to:

GaitWay Therapeutic Horsemanship
6555 Pikes Lane, Baton Rouge, LA 70808
225-766-1614