



Hoofbeats & Heartbeats, Inc. ♦ 12301 95<sup>th</sup> 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 95<sup>th</sup> Street NE**  
**Elk River, MN 55330**