

Hoofbeats Therapeutic Riding Center, Inc.

At the Virginia Horse Center
P.O. Box 979, Lexington, VA 24450
Ph: 540 464-3337 e-mail: hoofbeats@rockbridge.net
Website: www.hoof-beats.com

Professional Association of Therapeutic Horsemanship International
A Premier Accredited Member Operating Center

Participant's Consent for Release of Information

Client/Participant Name: _____

Client/Participant Address: _____

Date of Birth: _____

Please List All Current Primary Care Physicians, Therapists (occupational, physical, speech, or mental health professionals), Special Education Teachers, or other professionals who may have information relevant to the safety, health, training, or goals for this participant in a therapeutic riding program. Use the back of this sheet if necessary for additional information;

Name of Professional	Type of Professional	Address	Phone

I hereby authorize any or all of the above-named professionals to release: medical histories; Physical Therapy, Occupational Therapy and Speech Therapy evaluations, assessments, and program plans; Classroom Individual Education Plans (I.E.P); and psychological/psychiatric histories, diagnoses, and evaluations to: **Hoofbeats Therapeutic Riding Center, Inc.** for the purpose of developing a Therapeutic Riding Program for the client named above.

(Parents/legal guardians must sign for children under 18 or wards of the court. Both parents/guardians must sign below if there is joint or shared custody.)

Date: _____ Signature: _____ Print Name: _____
(Client, Parent, or Guardian)

Date: _____ Signature: _____ Print Name: _____
(Client, Parent, or Guardian)