



P.O. Box 23, Decorah, IA 52101
Ph. 563-382-3865



Great Strides of Northeast Iowa Participant's Consent for Release of Information

I hereby authorize: _____
(person or facility)

to release information from the records of: _____
(participant's name)

Date of Birth: _____

The information is to be released to **Great Strides of Northeast Iowa** 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-Behavioral Management Plan
- ___ Other: _____

Signature: _____ Date: _____
(of participant, parent, or legal guardian)