

Renew TRC

Participant's Consent for Release of Information

PLEASE NOTE: This form only needs to be filled out if the student is coming to Renew from a group home or school group.

I hereby authorize: _____
(person or facility)

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

The information is to be released to: Renew Therapeutic Riding Center, Holland, Michigan
(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
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (IHP) Classroom
- Individual Education Plan (IEP) Psychosocial
- 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: _____

Relation to Participant: _____

Please send materials to: Renew TRC

5080 146th Ave

Holland, MI 49423
