



528 Mersea Rd. 7 R.R. #5 Leamington, Ontario N8H 3V8 (519)322-2463

Consent for the Release of Information

I hereby authorize _____
(person or facility)
to release information from the records of _____.

The information is to be released to SpEqTRA for the purpose of developing a Therapeutic Riding Program for the above-named client. The information to be released is marked below.

YES

- _____ Medical History
- _____ Physiotherapy 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.)
- _____ Other

Date: _____ Signature: _____
(parent or guardian if under 18)

Please send the indicated material to:

SpEqTRA
c/o Liz Windsor
528 Mersea Rd. 7
R.R.#5
Leamington, Ontario
N8H 3V8
(519)322-2463