



3100 McCormick Road Harrow, ON N0R 1G0 519-322-8365

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)