



BRIDGE RIDING FOR THE DISABLED INC.,
743 West Pekin Road
Lebanon, Ohio 45036-8482
(937) 654-4693



CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____
 (Person or facility)

to release information from the records of _____
 (Clients Name)

The information is to be released to Bridge Riding for the Disabled 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

_____ Physical Therapy evaluation, assessment and program plan

_____ Occupational Therapy evaluation, assessment and program plan

_____ Speech Therapy evaluation, assessment and program plan

_____ Classroom Individual Educational Plan (IEP)

_____ Other: _____

Date: _____ Signature: _____

(Client, Parent or Guardian)

Please send the indicated material to Bridge Riding for the Disabled Inc.