



Promise Ranch
 2092 Plum Branch Rd
 Concord VA 24538
 434-221-8184
www.promiseranch.org
 promiseranch21@gmail.com

**Form 5 - Consent for Release of Information
 (Required for Equine Assisted Learning when counselor intervention is facilitated)**

Client/Participant Name: _____

Client/Participant Address: _____

Date of Birth: _____ Phone #: _____

Please List All Current Primary Care Physicians, Therapists(occupational, physical,speech, or mental health professionals), Special Education Teachers, or other professionals who may have information relevant to the safety, health, training, or goals for this participant in a therapeutic riding program. Use the back of this sheet if necessary for additional information;

<u>Name of Professional</u>	<u>Type of Professional</u>	<u>Address</u>	<u>Phone</u>

I hereby authorize any or all of the above-named professionals to release: medical histories; Physical Therapy, Occupational Therapy and Speech Therapy evaluations, assessments, and program plans; Classroom Individual Education Plans (I.E.P); and psychological/psychiatric histories, diagnoses, and evaluations to: Promise Ranch, LLC for the purpose of developing a Therapeutic Riding Program for the client named above.

**(Parents/legal guardians must sign for children under 18, wards of the court, or if legally responsible.
 Both parents/guardians must sign below if there is joint or shared custody.)**

Date: _____ Signature: _____
Client, Parent, or Guardian

Print Name: _____

Date: _____ Signature: _____
Client, Parent, or Guardian

Print Name: _____

Client Name: _____