

Vermont Adaptive Ski and Sports At MoonRise Farm

Participant's consent for Release of Information

I hereby authorize: _____
(person or facility)

To release information from the records of _____
(name of participant)

Date of Participant's birth: _____

The information is to be released to: _____
For the purpose of developing a therapeutic riding/equine activity program for the above named person. The information to be released is marked below.

- _____ 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 Education Plan (IEP)
- _____ Psychosocial evaluation, assessment and program plan
- _____ Cognitive-Behavioral Management Plan
- _____ Other _____

_____ Check here if you grant your permission for the two parties, MoonRise Farm staff and _____, to verbally communicate and share information for the purposes of developing the participants program.

This release is valid for one year and can be revoked, in writing at my request.

Signature: _____ Date: _____

If requested please send records to:

DJ Jesser
MoonRise Farm
PO Box 96
Taftsville, VT 05073
802-457-1170