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Participant's Consent for Release of Information

(To be completed by Participant's Parent or Legal Guardian and signed in the presence of a Stirrup Some Fun Representative)

I hereby authorize: _____
(Person and/or facility)

to release information from the records of: _____ DOB: _____
(Participant's name)

The information is to be released to: _____ the Stirrup Some Fun Therapeutic Horseback Riding Program _____
(Center or Therapist's name)

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical History
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment and program plan
- Speech Therapy evaluation, assessment and program plan
- Mental Health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral Management Plan
- Other: _____

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

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: _____

