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**Participant’s Consent for Release of Information**

I hereby authorize: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(person or facility)*

to release information from the records of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(participant’s name)*

The information is to be released to: *Macon TRACS, Inc* 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

\_\_\_ 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: Macon TRACS, Inc.

P.O. Box 101

Otto, NC 28763

Macon TRACS, Inc**. T**herapeutic **R**iding for **A**dults’ and **C**hildren’s **S**uccess P.O. Box 101, Otto, NC 28763 828-349-6262 [**macontracs@ymail.com**](mailto:macontracs@ymail.com) www. macontracs.org