



**SunDance Riding Therapy, Inc.**  
**Rider's Consent for Release of Information (valid for 3 years)**

I hereby authorize \_\_\_\_\_  
(Person or Facility)

To release information from the records of \_\_\_\_\_  
(Client's Name)

The information is to be released to SunDance Riding Therapy, Inc. for the purpose of developing a Therapeutic Riding Program for the above named student. 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 evaluation, assessment and program plan
- \_\_\_ Classroom Individual Education Plan (I.E.P)
- \_\_\_ Other (please specify): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Client, Parent or Guardian)

Please send this form to:  
SunDance Riding Therapy, Inc.  
PO Box 505  
Dilworth, MN 56529