



FULL CIRCLE FARM
THERAPEUTIC HORSEMANSHIP

80 Edgell Road
Newport, NH 03773

603.863.1262
info@fcftherapeutic.org

fcftherapeutic.org

Consent for Release of Information

I hereby authorize: _____ to release information
(person or facility)

from the records of: _____ DOB: _____
(participant's name)

The information is to be released to Full Circle Farm Therapeutic Horsemanship 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:
Full Circle Farm Therapeutic Horsemanship
80 Edgell Road,
Newport, NH
03773