



40685 John Mosby Hwy
Aldie, VA 20105
Phone: 571.367.4555
www.sproutcenter.org

CONSENT FOR RELEASE OF INFORMATION

****Parents, please give this form to medical and health specialists that are involved with your participant. Please ask that the specialist send the form to Sprout.**

Dear _____:

Your client interested in participating in supervised equine activities at Sprout Therapeutic Riding and Education Center.

Please release information from the records of:

Name: _____ DOB: _____
(participant's name)

Please Send (check):

- 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: _____

The information is to be released to:

SPROUT THERAPEUTIC RIDING AND EDUCATION CENTER
40685 John Mosby Hwy
Aldie, VA 20105

for the purpose of developing an equine activity program for the above named participant.

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

Signature: _____ Date: _____

Print Name: _____

Thank you very much for your assistance. If you have any questions or concerns regarding your patient's participation in equine activities, please feel free to contact the center at info@sproutcenter.org.



Dedicated to providing equine assisted activities and therapies

A 501(c)3 Non-Profit Organization
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