



118 Wyman Road
Keene, NH 03431

Riding Season 2010

AUTHORIZATION TO EXCHANGE INFORMATION

Rider Name: _____ DOB: _____

Parent/Guardian: _____

Address: _____ Phone: _____

City, St., Zip: _____

To develop an appropriate therapeutic riding program, we are requesting your permission to release/exchange information. The following records may be requested: Medical, Individual Service Plan, and/or Individual Education Plan.

Information to be released between Miracles In Motion and:

Medical –

Physician's Name: _____

Address: _____ Phone: _____

Individual Service Plan (if applicable):

Agency: _____

Contact Person: _____

Address: _____ Phone: _____

Individual Education Plan or 504 Plan (if applicable):

School: _____

Contact Person: _____

Address: _____ Phone: _____

I willingly give my permission to release the information as indicated above.

Parent/Guardian/Rider Signature: _____

Print Name: _____ Date: _____