



Crossroads Center

Rena Cross, Executive Director 18252 Road 4 Liberal, Kansas 67901 620-624-3133 / 620-629-5107

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: *Crossroads Center – Rena Cross, Executive Director*

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
- ☐ Occupational 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:

Rena Cross, Executive Director
Crossroads Center
18252 Road 4
Liberal, Kansas 67901