



MEDICAL RECORDS RELEASE

Date: _____

I _____ give
(print first and last name)

permission to Pegasus Springs Therapeutic Riding Center to discuss case, or seek medical records from: _____, in order to better understand how to best serve the participant.

SIGNATURE: _____ DATE: _____
(participant)

SIGNATURE: _____ DATE: _____
(parent/guardian)

SIGNATURE: _____ DATE: _____
(witness)

