



Barn Address

Lake View Stables
1401 Turkey Valley Road
Hollidaysburg, PA 16648
www.DreamsGoOn.com

Mailing Address

Ketrow / Kurtz Travel
% Karen Kurtz
110 Hollidaysburg Plaza
Duncansville, PA 16635

RELEASE OF INFORMATION CONSENT

I hereby authorize _____(person or agency) to release information from the records of _____(rider) to Dreams Go On, Inc. for the purpose of developing goals and objectives for their therapeutic horseback riding program. The information to be released is marked below.

- _____ Medical History
- _____ Physical Therapy evaluation and assessment
- _____ Occupational Therapy evaluation and assessment
- _____ Speech Therapy evaluation and assessment
- _____ Classroom Individual Education Plan
- _____ Other: _____

Signature of Parent or Guardian: _____ Date: _____

Please send this material to our mailing address listed above or DreamsGoOnInc@gmail.com

Sincerely,

Debbie Kelly
Program Manager
Dreams Go On, Inc.