



Eagle Mount Great Falls
P.O. Box 2866
Great Falls, MT 59403

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www.eaglemount.net

Participant's Consent for Release of Information

I hereby authorize any physician, hospital, clinic, school, psychologist, psychiatrist, and/or counselor to release

information from the records of _____ D.O.B. _____
(participant's name) (date of birth)

The information is to be released to **EAGLE MOUNT GREAT FALLS** for one or more of the following program(s). For more information on the activities within these programs, please see our website, www.eaglemount.net, or give us a call at 454-1449.

Featured Programs

Ski & Board; Equestrian Program (riding, non-riding, equine facilitated learning);
Sled Hockey; Montana Vet Program (MVP), Tippy Toes (Creative Movement) & Toddler Tumble.

All other activities include

Climbing, Bowling, Friday Night Out, Prom, Rafting, Pontoon, Art

For determining the most appropriate and safe activities in any of the above programs, Eagle Mount Great Falls may request one or more of the following information. All information will be treated as confidential and only used for programming purposes.

- Medical evaluation/history
- Physical and/or Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Classroom Individual Education Plan (IEP)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral management plan

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

Signature: _____ Date: _____

Printed Name: _____

Relation to Participant (if other than self): _____

Eagle Mount Great Falls is a non-profit organization. We provide therapeutic and recreational activities for children, adults and veterans with physical, developmental, mental and/or behavior challenges, striving to improve the quality of life for them and their families.

