



**Wilderness Program**

## CONSENT TO RELEASE INFORMATION

I hereby authorize the staff of **Galena Ridge** to release information regarding the progress of \_\_\_\_\_ to the following professionals or programs:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature (If 18 years of age or over)

\_\_\_\_\_  
Date