Accessible Dreams Vacations
9890 Rummage Rd.
Whitesville, KY 42378
Phone: 270-316-6494
Contact Person: Ashlee Kreisle

Authorization for Release of Information

I. Purpose of the Release
This document authorizes Accessible Dreams Vacations to access and utilize any and all pertinent information related to the care
and needs of the client named below for the purpose of providing travel services, accommodations, and support.

This also includes receiving information from:

- Residential Agencies

-Pharmacies
- Day Training Agencies

- Care Givers

- Medical Providers

-Case Management

-Behavior Supports

II. Client Information
- Client Name: _____
- Date of Birth: _____
- Residential Agency and Contact Person_____

-Care Giver_____

-PCP_____

-Pharmacy_____

-Case Manager_____

- Behavior Support Specialist_____

III. Authorization Details
I, the undersigned, as the legal guardian or representative of the above-named client, authorize Accessible Dreams Vacations
to receive and share information relevant to the care, needs, and accommodations required for travel.
This may include, but is not limited to:
- Medical information (as applicable).

-Behavioral Needs and Access to Positive Behavior Supports Plan
- Accessibility requirements.
- Emergency contact details.

- Pharmaceutical Needs

IV. Parties Involved
- Releasing Information To: Accessible Dreams Vacations
- Authorized Guardian/Representative:
  - Name: _____
  - Relationship to Client: _____
  - Phone Number: _____
  - Email Address: _____

V. Duration of Authorization
This authorization shall remain in effect indefinitely unless revoked in writing by the undersigned.

VI. Acknowledgment and Consent
I understand that this authorization is voluntary. I also acknowledge that I may revoke this authorization at any time by submitting
a written request to Accessible Dreams Vacations. I understand that the information may

no longer be protected by privacy laws once it is
disclosed, and I release Accessible Dreams Vacations from any liability arising from this release.

Signature of Guardian/Representative: _____
Date: _____