



TRANSPORTATION CONSENT AND ACKNOWLEDGMENT FORM

Required Prior to Beginning Services

Client Name: _____

Date of Birth: _____

Please review each acknowledgment below and initial to confirm your understanding and consent.

1. Consent for Transportation Services

I consent to Covered Journey Transportation Co. providing transportation services to the Client as described in the Transportation Services Agreement.

Initials: _____

2. Consent for Emergency Medical Treatment

I authorize Covered Journey Transportation Co. staff to contact emergency medical services and to seek emergency medical treatment on the Client's behalf if I cannot be reached during an emergency.

Initials: _____

3. Consent to Share Information for Coordination of Care

I authorize Covered Journey Transportation Co. to share relevant transportation, medical, and behavioral information with the Client's support coordinator, day program, school, or therapy provider as necessary to coordinate safe transportation.

Initials: _____

4. Photo/Video Consent (Optional)

I consent to Covered Journey Transportation Co. photographing or recording the Client for internal safety/training purposes only (never for public or marketing use without separate written consent).

I do NOT consent to photo or video of the Client.



5. Acknowledgment of Receipt of Handbook and Policies

I acknowledge that I have received, or have been offered, the Client Transportation Handbook, Privacy and Confidentiality Policy, Missed Trip Policy, and Service Suspension and Termination Policy.

Initials: _____

6. Acknowledgment of Payment Policies

I acknowledge and agree to the pricing, payment terms, and late payment policy described in the Transportation Services Agreement.

Initials: _____

7. Accuracy of Information

I confirm that the information provided in the Client Intake Form, Emergency Contact Form, Medical and Behavioral Information Form, and Authorized Pickup and Release Form is accurate and complete, and I will notify Covered Journey Transportation Co. promptly of any changes.

Initials: _____

By signing below, I confirm that I have read and agree to each acknowledgment above.

Parent/Guardian Signature

Date

Date

Date