



MEDICAL AND BEHAVIORAL INFORMATION FORM

Confidential — Used Only to Support Safe Transportation

Client Name: _____

Date of Birth: _____

This information helps our drivers provide safe, individualized, and respectful support. Information shared here is kept confidential in accordance with our Privacy and Confidentiality Policy and shared only with staff directly involved in the Client's transportation.

Diagnoses

- Autism Spectrum Disorder (ASD)
- Intellectual Disability
- Developmental Disability
- Seizure Disorder / Epilepsy
- Other: _____

Medications

List any medications relevant to transportation (e.g., those that may cause drowsiness, behavioral changes, or require administration during travel):

Medication	Dosage / Time	Purpose	Notes / Side Effects to Watch

Allergies

Food, medication, or environmental allergies:

Seizure Protocol (if applicable)

Typical seizure presentation: _____



Driver response instructions: _____

When to call 911: _____

Mobility & Equipment Needs

- Wheelchair (manual / power — please specify): _____
- Walker or mobility aid
- Car seat or booster seat (Client/family to provide unless otherwise arranged)
- Safety harness
- Other: _____

Sensory Sensitivities

Please check all that apply and provide detail where helpful:

- Sensitivity to loud noise or sudden sound
- Sensitivity to bright light
- Sensitivity to touch / texture
- Motion sickness
- Other: _____

Communication

Primary communication method: _____

Key words/phrases or AAC device notes: _____

Behavioral Support Information

Known behavioral triggers: _____

Effective calming strategies: _____

- Elopement risk (attempts to leave the vehicle or run away)
- History of self-injurious behavior



- History of aggression toward others
- Behavior Support Plan attached

Additional behavioral notes for the driver:

Additional Instructions for Drivers

: _____

: _____

I certify that the medical and behavioral information provided is accurate and complete to the best of my knowledge, and I will notify Covered Journey Transportation Co. promptly of any changes.

Parent/Guardian Signature

Date

Date

Date