



AUTHORIZED PICKUP AND RELEASE FORM

Required for Every Client

Client Name: _____

Date of Birth: _____

For the safety of every Client, Covered Journey Transportation Co. will only release a Client to individuals listed below. Drivers will request photo identification for any person not personally known to them.

Individuals Authorized to Receive/Release the Client

Name	Relationship	Phone Number	Photo ID on File?

Release Protocol

- The Client will not be released to any individual not listed on this form unless the Company receives written authorization in advance from the Client Representative.
- Drivers will verify identity using photo identification for unfamiliar individuals before releasing the Client.
- If no authorized individual is present at drop-off, the driver will wait up to 10 minutes, attempt to contact the Client Representative and listed emergency contacts, and follow the Company's escalation procedure, which may include contacting the Client's day program, support coordinator, or local authorities if the Client's safety is at risk.
- Any changes to the authorized pickup/release list must be submitted in writing and confirmed by Company staff before taking effect.

Independent Release

Some Clients may be approved to be released directly (e.g., independently walking into a day program or residence) rather than to a specific named individual.

This Client IS approved for independent release without a named individual present, under the following conditions: _____



COVERED JOURNEY TRANSPORTATION CO.

Where Every Journey Is Covered With Care

This Client IS NOT approved for independent release. A named individual must be present at every pickup and drop-off.

Special Instructions

Additional notes regarding pickup/release for this Client:

: _____

I confirm that the individuals listed above are authorized to pick up and receive the Client, and I understand the release protocol described in this form.

Parent/Guardian Signature

Date

Date

Date