

Company Name Here

Address • City, State Zip Code • Phone • Fax

Email: XXXXXXXXXXXX

Authorization to Transport

I _____ hereby request and authorize COMPANY NAME and its staff to transport me to and from any planned activities, appointments, or events. However, in the event that an accident should occur, I hereby agree that I will not hold COMPANY NAME accountable. I understand that this authorization will remain in effect as long as COMPANY NAME is my provider of care.

I understand that this action has been taken which is based on my consent. I may withdraw this consent at any time.

Resident and/or Legal Guardian Signature

Date

Director

Date

Staff has submitted the following items

(This is a SAMPLE Transportation Form)

Get More Information:

For additional information on getting licensed as a residential care home, group home or non-medical home care provider in your state contact the office of Care Enterprise, LLC.

Call: 770-575-4149

Email: contact@careenterprisellc.com, or Website: www.careenterprisellc.com