

**Mountain Mobility  
Authorization Form for Provision of Transportation to Children**

<b>Required Information</b>	Name of Child					
	Child's Pick-Up Address					
	<b>Information on Child to Be Transported</b>	Child's Weight	Child's Height	Date of Height/Weight	<b>Transportation Information</b>	
					<input type="checkbox"/> Infant Seat	<input type="checkbox"/> Disabled
					<input type="checkbox"/> Toddler Seat	<input type="checkbox"/> Wheelchair
					<input type="checkbox"/> Big Toddler	<input type="checkbox"/> Scooter Type:
		DOB	Child's SSN		MA ID #	Customer ID #
	<b>Child's Medical Conditions or Impairments</b>					
	<b>Custodial Information</b>	<b>Parent(s) or Guardian(s)</b>			<b>Contact Information</b>	
		Name			Home Phone	
SSN				Work Phone		
Name				Home Phone		
SSN				Work Phone		
<b>Emergency Contact Info - (Other Than Parent or Guardian - Must Have Phone and Vehicle)</b>	Name					
	Work Phone					
	Home Phone					
	Cell Phone					
<b>Special Instructions</b>						

<b>Authorization for Release of Child</b>	<b>In addition to the above custodial parent(s)/guardian(s), Mountain Mobility is hereby authorized to drop off and/or release this child to the following persons or locations:</b>				
	Name	SSN	Street Address	Phone Number	Age If Under 18

<b>Medical Emergency Release and Certification</b>	<p><b>In the event that a situation arises whereby emergency care is needed for my child, I hereby authorize my child to be taken to the nearest hospital for treatment. I hereby authorize emergency care to be provided to my child as necessary to ensure the safety and health of my child.</b></p> <p><b>I understand that Mountain Mobility will try to contact me through the information given above. I hereby certify that the above information is correct and that I understand and will comply with the policies and procedures related to services being provided for my child. I agree to immediately report any changes to the above information and complete any additional authorization information necessary.</b></p>	
	Date Signed	
	Signature of Parent or Guardian	
	Type or Print Name of Person Signing Form	

