



Authorization for Non-Guardian Transportation

Transportation to and from Therapy Junction is the responsibility of the Guardian of the patient. The following form outlines your plan to bring the patient to and from sessions. Additionally by signing this form, you give permission for Therapy Junction to contact the listed entities and give out only necessary appointment information for the purpose of transportation.

Will you, the legal guardian, be the sole person providing transportation to and from Therapy Junction for Scheduled Sessions?(Select One)

If No, which other persons are authorized to bring your child on your behalf? Please list:

<i>Name</i>	<i>Cell-Phone Number</i>	<i>Relationship to the Patient</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will you utilize a ride service in order to get your child to and from Therapy Junction? (Select One)

If Yes, please write the name of the Ride Service below:

<i>Ride-Service Name</i>	<i>Phone Number</i>	<i>Contact in the case of a No-Show</i>
_____	_____	_____

Please Note: Therapy Junction is not responsible for the wellbeing of your child outside of the scheduled, 50 minute appointment in which both the patient and their therapist are present. Until the patient is collected by their therapist to begin the Therapy Session, the entity providing transportation maintains full responsibility for the health and safety of the patient and is expected to remain present in case of emergency.

Upon the completion of the session, the expectation is that the entity providing transportation be present. If they are not present, it is then the responsibility of the Parent/ Guardian to arrange new transportation in a timely manner. Recurring Instances of Late or Delayed Pick-up may result in termination of services at the discretion of the business owner and the Therapist of said Patient.

I, (or parent/guardian of) _____ understand and agree to the policies, procedures and risks associated with the utilization of a ride-service or non-guardian form of transportation. I hereby authorize all entities whom I have listed on the previous page to bring and collect my child from Therapy Junction. Furthermore, I acknowledge that the whereabouts, safety and wellbeing of my child is ultimately my responsibility.

Client/Parent/guardian signature _____ Date _____