# Passenger Transportation Information Form

**Name:** _____ **Mr.** _____ **Mrs.** _____ **Ms.** _____
Address: _____
Phone Number: _____ Birth Date: _____

**Medical Information:**
Primary Physician: _____
Physician's Phone Number _____
Preferred Hospital: _____

**Emergency Contacts:**

Name: _____
Relationship: _____
Address: _____
_____
Phone Number: _____

Name: _____
Relationship: _____
Address: _____
_____
Phone Number: _____

Will you require accommodation for a wheelchair? Yes _____ No _____

Will you require an escort for medical/other appointments? Yes ____ No ____
(Passenger must provide own escort if needed. Avon Senior Transportation Services reserves the right to request passenger have an escort.)

**Name of Escort:** _____
Address: _____
Phone Number: _____ Cell: _____
Relationship to Passenger: _____

By your signature you indicate that you are accepting these services in good faith and release the City of Avon and Avon Senior Transportation Services and its agents and its representatives from liability or responsibility now and in the future.

I have read/reviewed thoroughly and understand the material in the Avon Senior Transportation Services "Policies, Procedures, and Rider Responsibilities" pamphlet.

**Signature** _____ **Date** _____

Scheduler's Signature _____ Date _____