



## **SPECIALIZED TRANSPORTATION PASSENGER CONSENT FORM**

I agree that my doctor, nurse, or other health worker may give information to the Regional Municipality of Wood Buffalo Specialized Transportation Program about my health problem or disability.

I agree that the Regional Municipality of Wood Buffalo Specialized Transportation Program may give personal information to my doctor, nurse, or other health worker about my health problem or disability.

I agree that the Regional Municipality of Wood Buffalo Specialized Transportation Program may give my name, phone number, and address to Specialized Transportation's "The Bus" so they can give me services.

I will tell the Regional Municipality of Wood Buffalo Specialized Transportation Program if I no longer need door-to-door services.

Name of applicant (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian name, if needed: \_\_\_\_\_

Parent or Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **MEDICAL INFORMATION**

The Regional Municipality of Wood Buffalo needs your doctor, nurse, or another health worker to tell us about your health problems or disabilities. Here is a list of health workers you can pick from to fill out this portion of the form. Please check one who knows about your health problems or disabilities.

☐ Doctor (Physician or Surgeon)

☐ Osteopath or Podiatrist

☐ Occupational Therapist

☐ Registered Social Worker

☐ Physical Therapist

☐ Psychiatrist or Psychologist

☐ Chiropractor

☐ Registered Nurse

☐ Optometrist/Ophthalmologist

☐ Registered Psychiatric Nurse

Name of the person checked above: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_