

# 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**

**(Transportation Form is One Page)**

## Get More Information:

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

**Call: 770-966-5236**

**Email: [contact@careenterprisellc.com](mailto:contact@careenterprisellc.com), or**

**Website: [www.careenterprisellc.com](http://www.careenterprisellc.com)**