

## ARRIVAL/DEPARTURE INFORMATION & TRANSPORTATION AGREEMENT

Participant: \_\_\_\_\_

Phone # of residence where participant will be transported from: \_\_\_\_\_

Scheduled Day of Participation:

Monday	_____	Full Day	_____
Tuesday	_____	Half Day	_____
Wednesday	_____		
Thursday	_____		
Friday	_____		

Regular Arrival Time: \_\_\_\_\_ Please allow 15 min +/- to arrival time \_\_\_(int)

Regular Departure Time: \_\_\_\_\_ Please allow 15 min +/- to arrival time \_\_\_(int)

**\*\*Time is subject to change with prior notice.\*\***

I authorize the E.O.C Adult Day Center staff to transport \_\_\_\_\_  
from residence to the E.O.C. Adult Day Center and to field trips in a vehicle owned &  
maintained by the E.O.C. Technology Center.

I authorize the following individuals to transport above participant due to illness, disruptive  
behavior, or non-arrival of caregiver (proof of identity may be required before participant will be  
released):

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Participant/Caregiver/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff

\_\_\_\_\_  
Date

