



REGIONAL MUNICIPALITY
OF WOOD BUFFALO

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: _____