



Transportation Release

Authorization to Release Child to Designated Person(s) other than Legal Guardians

**1 form required per authorized designee*

Date of Authorization: _____

This written authorization will include the following information:

- Full name of authorized individual that legal guardians have released to transport child to and/or from North Oakland Autism Center for ABA Therapy
- Designated individual's address and two (2) contact numbers.
- Any vehicle's make, model, color and license plate number(s) of designated individual.
- A copy of any authorized individual's driver license and a brief description of the individual's physical appearance.
- A daily schedule of designated individual's drop off and pick up schedule
- Signed Client Confidentiality Form
- Signed by all parties, including all legal guardians.

SPECIAL SITUATIONS OR CIRCUMSTANCES TO CONSIDER

Intoxicated or Impaired Individual Comes to Pick Up Child

Provider can deny access to an adult whose behavior presents a risk to children if an intoxicated or impaired adult comes to pick up the child.

Car Safety

Providers may refuse to release a child to person who is driving a vehicle without a car seat. Providers may contact another parent/authorized person to see if they can provide a car seat.

Failure to Pick up at Scheduled Dismissal Time

The designated transporter should arrive at the scheduled dismissal time. If designated transporter is late and Provider is unable to reach parent and/or designee, the Provider will contact other individuals authorized to pick up the child. The Provider also has the right to apply a late fee of \$1 per minute, after the first five minutes late.



We _____ and _____ authorize and designate the following individual to provide transportation for our child _____ to & from North Oakland Autism Center for ABA Therapy.

List Full Name & Information of Authorized and Designated Individual for Release & Transportation
 Full Name: _____

Address	
Contact Number #1	
Contact Number #2	
Make, Model, Color of Vehicle(s)	
Vehicle's License Plate Number(s)	
Transportation Schedule	

We have read and understand page # 1 and #2 of this authorization.

**One form required per Authorized Designee.*

**Parents may revoke this authorization at any time with written request.*

Date:	Printed Name	Signature
Guardian #1		X
Guardian #1		X
Designated Transporter		X

Valid driver's license of Authorized and Designated Individual attached, along with NOAC's signed client confidentiality form. ○

Supervising BCBA's Signature & Date _____

