

Date _____

Resident Senior Shuttle Passenger Information 2022

First Name _____ Last Name: _____

Address _____ Apt.# _____

City, Zip _____ Home Phone _____

Birth Date _____ Age _____ Cell Phone _____

Do you have a Disability? _____

Do you have a Service Animal? YES _____ NO _____

Do you use a walker, wheelchair, cane, or oxygen tank? (Please specify)

Will a Caregiver accompany you on rides? YES _____ NO _____

Caregiver's Name _____

Do you have an allergy that requires you to carry an EpiPen? YES _____ NO _____

Primary Physician Name _____ Phone _____

Please list any medical problems we should be aware of. Should you have a medical emergency while riding the bus, 911 will be called for emergency medical dispatch.

Emergency Contact Information:

Name _____ Relationship _____

Address _____ Apt.# _____

City, State Zip _____ Home Phone _____

I understand that failure to comply with all the rules and standards stated in the Plainfield Township Senior Shuttle Bus Brochure may result in the loss of riding privileges.

Passenger Signature

Date

Print Name