Bennett's Place

AUTHORIZATION TO TRANSPORT
(Personal Vehicle)

I_____ hereby request and authorize, authorized Bennett's Place Employee's the authority to transport my individual/resident to and from any planned activities. I understand that this authorization will remain in effect for our term with Bennett's Place as our providing agency.

☐ Ninety (90) days unless otherwise specified: __/__/__
☑ One (1) year

I understand that this action has been taken which was based on my consent; I may withdraw this consent at any time.

_____

Individual/Resident Signature Date
(Parent/Guardian)

_____

Coordinator Signature Date

_____

Program Director/Mgr. Signature Date

Bennett's Place Employee's have submitted the following items: -

Proof of Insurance
Motor Vehicle Report (MVR)
Valid Georgia Drivers License.

Under no circumstance are employees allowed to use a cellular phone while driving. If the Bennett's Place employee needs to make a call or respond to a call while on company time, the employee must drive to a safe location and park the vehicle.

Use this space only if Parent/Guardian withdraws consent.

_____

Signature of Parent/Guardian Date this consent is revoked