



Monterey County Behavioral Health Non-Medical Transportation Consent

Consent to Transportation. I understand that Monterey County Behavioral Health (“MCBH”) is offering to transport myself (or my child) to assist with accessing needed benefits, resources, health care, community agencies, or behavioral health programs (“Transportation”). The Transportation is provided to further my progress toward achieving my health-related goals.

Agreement to Comply with Safety Requirements. I attest that I have unmet transportation needs and have reasonably exhausted all other transportation resources currently available to me. During the non-medical transportation provided by MCBH, I hereby agree to comply with all applicable requirements of the California Vehicle Code, including the use of passenger seat restraints (seat belts) and the requirement of rear placement of child passenger restraint systems (child safety seats).

Authorization for Emergency Treatment. I authorize MCBH staff to seek emergency medical treatment for myself (or my child) in the event I (or my child) is injured or in need of medical attention.

Waiver and Release of Liability. I, for myself, my children, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue the County of Monterey, and its employees, agents, and officials, with respect to any and all claims, damages, and losses (“Claims”), including Claims arising out of personal injury, death, accidents or illnesses, property loss, negligence, and acts or omissions of the County of Monterey or its employees, agents and officials, in connection with the Transportation provided by MCBH.

Name (and contact information if different from parent/guardian):		
Parent/Guardian Name:		
Home Address:		
Home phone:	Work phone:	Cell phone:

Case Coordinator's Name:	Phone:
Primary Care Physician:	Phone:
Insurance Carrier:	Policy Number:

Current Medications:
Allergies or other health concerns:

Emergency Contact (other than parent/guardian):	Phone:
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Person in care signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____