

Senior Shuttle Passenger Information (PLEASE PRINT)

Resident Name _____ Date _____

Address _____ Apt.# _____

City, State 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? _____ Caregiver's Name _____

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 _____ Date _____

Address _____ Apt.# _____

City, State Zip _____ Home Phone _____

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

Passenger Signature _____ Date _____

Print Name