Gentle Journey Transit LLC

Specialized transportation for children on the autism spectrum

Website: https://gentlejourneytransit.org | Phone: (413) 463-0796

STUDENT TRANSPORTATION CONSENT & MEDICAL INTAKE FORM

Dedicated care for children on the autism spectrum

Instructions: Please complete all sections below. Completed forms may be handed directly to your transport team, or scanned and emailed to ***info@gentlejourneytransit.org****.*

1. Student & Guardian Information

Student Full Name: _____ Date of Birth / Age: _____

Parent/Guardian Name: _____ Primary Phone: _____

Pickup Address: _____

Destination Facility/School:

_____

2. Autism Accommodations & Behavioral Care Profile

To ensure a safe, comfortable, and low-sensory environment, please indicate your child's preferences:

Communication Mode: [ ] Verbal [ ] Nonverbal [ ] AAC Device [ ] ASL / Sign

Sensory Triggers / Comfort Items (e.g., sound sensitivity, seating preference, favorite music, lighting):

_____

_____

3. Emergency Medical Profile & Hospital Preference

Primary Physician / Clinic: _____ Physician Phone: _____

Preferred Emergency Medical Facility / Hospital: _____

Known Allergies / Medical Details: _____

4. Parental Consent & Emergency Waiver

I hereby grant authorization for my child to be transported by Gentle Journey Transit LLC. I confirm that all medical details provided above are accurate. In the event of a medical emergency during transit, I authorize Gentle Journey Transit personnel to call 911, notify my designated emergency contacts, and transport my child to the preferred medical facility listed above (or nearest emergency medical center) if I cannot be reached immediately.

Parent/Guardian Signature: Date:

_____ _____