



Hand-to-Hand Emergency Contact information

Rider Name _____

Emergency Contact #1	Alternate Drop Off Address, Not Same As The Rider
Name _____	
Address (Cannot be the riders home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____
Emergency Contact #2	Alternate Drop Off Address, Not Same As The Rider
Name _____	
Address (Cannot be the riders home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____
Emergency Contact #3	Alternate Drop Off Address, Not Same As The Rider
Name _____	
Address (Cannot be the riders home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____

I have voluntarily provided the above contact information and authorize ACCESS Transportation Systems and its providers to contact any of the above on my behalf in the event of an emergency. I understand it is my responsibility to update this information as needed and that if any of these contacts are unresponsive and there is a disruption in service the suspension policy will be enforced.

Signature: _____ Date: _____

ACCESS Representative: _____ Date: _____