



Hand-to-Hand Emergency Contact Information

Rider Name: _____

Emergency Contact #1	Alternative Drop Off Address, Not Same As The Rider
Name: _____	
Address (cannot be the rider's home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____
Emergency Contact #2	Alternative Drop Off Address, Not Same As The Rider
Name: _____	
Address (cannot be the rider's home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____
Emergency Contact #3	Alternative Drop Off Address, Not Same As The Rider
Name: _____	
Address (cannot be the rider's home address) _____	
City _____	Zip _____
Phone _____	Cell Phone _____

I have voluntarily provided the above contact information and authorize the ACCESS program office and service 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 Program Representative: _____ Date: _____