



**Brownstown Township
Senior/Disabled Transportation Program
Application/Emergency Medical ID Form**

NAME _____

PHONE # _____

ADDRESS _____

Brownstown, MI ZIP _____

DATE OF BIRTH (M/D/Y) _____

IN CASE OF EMERGENCY NOTIFY

PHONE # _____

NAME _____

PHONE # _____

ADDRESS _____

CITY, STATE _____

DOCTOR'S NAME _____

PHONE # _____

PLEASE LIST ANY HEALTH PROBLEMS/CONDITIONS THAT YOU HAVE:

PLEASE LIST ANY MEDICATIONS THAT YOU ARE CURRENTLY TAKING:

Please check the statement(s) that pertain to you:

- _____ I am age 60 or older and able to drive.
- _____ I am age 60 or older and unable to drive.
- _____ I am confined to a wheelchair.
- _____ I am under age 60, disabled and unable to drive due to medical reasons.
 - If you check this option, you must send documentation from your health care provider stating that you have a disability that causes you to be unable to drive.
- _____ I am unable to travel unassisted and must bring a caregiver/companion with me.
 - The caregiver/companion must complete a medical ID form and will be charged the same rate as the passenger.

In the event of an emergency, I hereby give the holder of this information to seek the proper medical attention. In consideration of the acceptance of my registration in the above program/trip, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereafter accrue to me against all municipalities, special districts, and properties through which the program/trip will be held or its or their respective officers, instructors, administrators, successors, and/or assign for any and all damages which may be sustained or suffered by me in connection with my said association with the above program/trip and my participation therein. I further represent that I am in good physical condition and have no disability or ailment that will prevent me from engaging in the activity for which I am registered.

Signature _____

Date _____