TRANSPORTATION AGREEMENT
Jewish Family Service/ d.b.a. Celebrating Transitions

Participant Information

Name of Participant:_______________________________________________________
Participant Phone Number:________________________________________________
Parent/Guardian Phone Number (if different from participant): _____________________

Please check all that apply:

_____ transportation to the ERJCC
_____ transportation for CBI (Community Based Instruction)

Supervisor/Director approval___________________________________

Contingency Plan (please specify alternate plan should parent/guardian not be in attendance at the pick-up/drop off destination when bus arrives):
___________________________________________________

Requirements for travel

1. I______________________________, hereby agree that I am eligible for travel within Celebration Company’s vehicle. I understand that Celebration Company determines travel eligibility, including transportation expenses. I, further, understand that Celebration Company will utilize the bus to transport participants to the designated worksite at 4131 S. Braeswood Blvd, Houston, TX 77025; to the ERJCC at 5601 S. Braeswood Blvd.; and to prearranged CBI sites.

2. This Transportation Agreement is a legal contract between Celebration Company and the Participant to be used to transport participants to and from the worksite
TRANSPORTATION AGREEMENT

Jewish Family Service/ d.b.a. Celebrating Transitions

Participant’s Name:__________________________________________________

3. Should the Participant not be at the pick-up/drop-off address when the bus arrives, the bus will wait **five minutes** for the Participant to board the bus or the parent/guardian arrives to pick up the child.
   
   a. Pick-up: If the participant does not board the bus within five minutes of the bus’ arrival, the Participant must find an alternate method of transportation for the morning.
   
   b. Drop-off: If the participant requires a guardian/parent to meet him/her at the drop-off location, that parent/guardian must be at the above stated location when the bus arrives. The bus will wait **five minutes** for the parent/guardian to arrive. After those five minutes, the bus driver will return the Participant to the worksite after the bus route is completed. The Participant is allowed three “late” grace periods, after which all bus privileges are revoked and the Participant must find a new mode of transportation.

4. The Parent/Guardian and Participant will be provided with the cell phone number of Celebration Company director. It is requested that you notify the director should there be any circumstances affecting Pick-up or Drop-off. The phone call is merely a courtesy and does not affect the grace period of **three** late Pick-ups by the parent/guardian.

Dated________________________

Printed Name________________________________________________________________

Signature____________________________________________________________________

Witness_____________________________________________________________________
TRANSPORTATION AGREEMENT
VEHICLE LIABILITY WAIVER

Jewish Family Service/ d.b.a. Celebrating Transitions

I,________________________ (Name of Passenger) of _____________, _______,TX ___________ (Address) have requested that I be allowed to ride in the Jewish Family Service vehicle. It has been explained that if we are in an accident while I am a passenger in the vehicle owned by Jewish Family Service, I am not covered for medical expenses or other damages. I accept that as a condition of my being provided transportation, I waive any right I might have to claim any amount for damages I might suffer including but not limited to, medical expenses and pain and suffering, if the motor vehicle I am riding in is involved in an accident and I am injured. I specifically agree not to file a law suit against Jewish Family Service or the Disability Services Department for the above type of injuries and damages. I understand that if there is an accident, which is caused by someone other than by the Jewish Family Service driver/vehicle that this does not affect my ability to sure the party driving or owning the other vehicle.

It has been explained that I am required to wear my seatbelt at all times in this vehicle, I am not allowed to smoke in this vehicle, and I must comply with all rules governing the use of this vehicle. I understand that I do not have the approval to drive this vehicle.

I will follow and obey all instructions provided to me by the bus driver or an Jewish Family Service/Celebration Company Staff, to ensure proper standards of conduct are adhered to while riding in the vehicle.

Dated________________________

Printed Name__________________________________________________________________

Signature______________________________________________________________________

Witness_______________________________________________________________________
Celebrating Transitions Additional Participant Information

Please use back of form if you need more space to write

Participant T-shirt size:

Any fears or things that cause anxiety?

What brings your loved one joy; any favorite items; TV shows; foods; music; etc?

Any behaviors specific to your loved one that we need to be aware of? If yes, what is the best way for staff to address this behavior? (Example: hand biting when overwhelmed)
# JEWISH FAMILY SERVICE
## EMERGENCY CONTACT FORM

**USE BLACK INK – PLEASE PRINT ALL INFORMATION**

<table>
<thead>
<tr>
<th>Participant name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

**IN CASE OF EMERGENCY, NOTIFY:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTERNATE NAME</td>
<td>TELEPHONE</td>
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</tbody>
</table>

**NAME OF PHYSICIAN:** *(LOCAL)*

<table>
<thead>
<tr>
<th>NAME</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTERNATE NAME</td>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

**HOSPITAL OF CHOICE**

| DATE: |  |

**SPECIFIC INSTRUCTIONS/ALLERGIES:**

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</table>
List all medications (prescription and over the counter). Please include dosage and time of day medications are taken.
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the organization for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the organization, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the organization for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE ORGANIZATION FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE ORGANIZATION, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the organization, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the organization, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the organization premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the organization whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the organization and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the organization.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE          I HAVE READ THIS RELEASE
__/__/__   ________________                      __/__/__
date          participant’s signature            date         Parent/ Guardian’s signature
Model’s Release Form

I herewith consent to the use of my photograph an/or message to be reproduced for and by Jewish Family Service in any article or social media for publication regarding the work of Jewish Family Service.

Signed______________________________________________

Date______________________________________________
SEIZURE PROTOCOL FORM

Client name:

Date:

Type and description of seizure activity:

Triggers or indicators for onset of seizure activity:

Procedure for staff:
(What steps are taken, when do parents/caregivers wish to be notified of seizure activity, do they want copies of all seizure record forms?, at what point should medical intervention take place (ex: if seizure lasts longer than three minutes or there are more than ten seizures in one day), what action should be taken after seizure?, What steps are taken for medical intervention?, any other details or information required for appropriate support). Emergency contacts:

Signature of client

Signature of parent/guardian/caregiver