



Authorized Consent form

I, the undersigned, _____, hereby authorize the following individual(s) and/or facility permission to speak to Rural Community Transportation regarding my medical transportation, scheduling, and dispatching.

NAME AND/OR PHONE NUMBER:

| | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |

Expiration Date: This stays in effect until retracted by the signer below.

Signature: _____

Date: _____

***Please return this form to RCT via fax 802-748-5275 or at the address above.