



# Alternative Behaviors, LLC

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## **Alternative Behaviors: [Transportation Permission Form]**

Please sign, date, and return this form to: Nadya Molina, M.Ed., B.C.B.A.

### ***Attention: Parent(s) or Guardian(s) regarding [Child or dependent's name]***

We have had continuing discussions regarding the convenience and or necessity of allowing therapists to drive clients to home-based ABA therapy sessions.

Please clearly indicate the permissions and/or restrictions that apply to your child or dependent by circling Yes or No below and providing additional information where requested, if applicable.

### ***Child/dependent as a passenger***

Yes | No      My child/dependent has my permission to ride with Alternative Behaviors therapist staff.

Include names of therapists: \_\_\_\_\_

\_\_\_\_\_

### **TRANSPORTATION BEING PROVIDED:**

Personal vehicle     Walking     Leased vehicle

Vehicle belonging to: \_\_\_\_\_

### **Dates of transportation:**

Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Destination: \_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

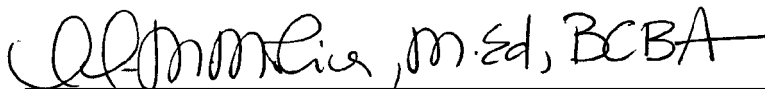
I understand that participation is voluntary, that it is not required for sessions to proceed at Alternative Behaviors, LLC. Allowing permission for therapists to drive your child exposes your child to some risks(s) associated with driving from one location to another. I authorize my permission for therapists listed above to drive in the destinations listed in the planned components to the extent indicated by my signature below. I also understand that at Alternative Behaviors, LLC., will not have any responsibility for the condition or use of the vehicle used for transportation.

PARENT PERMISSION (check all that apply.)

- Participation in all aspects of this Parental Authorization form.
- Agreement with the therapist(s) on the dates transportation is needed.
- Agreement with the therapist(s) on the destination transportation is needed.

**Please note: This form will remain on file and function as a general permission form for the dates indicated or until rescinded in writing by a parent or guardian. Additional forms specific to events will still be required as needed.**

Sincerely,



Nadya Molina, M.Ed., B.C.B.A.  
Director and founder of ALTERNATIVE BEHAVIORS, LLC.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_