



NO LIMITS RESIDENTIAL CARE LLC

“WE DON’T TEACH LIMITS HERE — WE TEACH POTENTIAL.”

FORM 4 — TRANSPORTATION CONSENT & LIABILITY RELEASE

Client Name: _____
Date of Birth: _____
Record Number: _____

SECTION 1 — PURPOSE

This consent authorizes No Limits Residential Care LLC staff to transport the child named above for all purposes necessary for their safety, medical needs, therapy, education, and participation in community outings as part of Level III treatment.

SECTION 2 — TYPES OF APPROVED TRANSPORT

A. Medical & Dental Needs:

- Routine medical appointments
- Emergency medical transport
- Specialist or psychiatric visits

B. Therapeutic Needs:

- Individual therapy
- Family therapy at alternate locations
- Crisis evaluations

C. Educational Needs:

- School meetings
- Assessments and testing appointments

D. Community & Program Outings:

- Activities listed in the Person-Centered Plan (PCP)
- Community outings and shopping

E. Emergency Transport:

- Hospital transport
- Crisis center transport
- Removal from unsafe environments

SECTION 3 — SAFETY & LIABILITY

Seat belts will always be required. Drivers are trained and approved. While safety procedures are followed, No Limits Residential Care LLC is not liable for accidents caused by unavoidable conditions, third-party drivers, or events beyond reasonable control.

SECTION 4 — COMMUNICATION

Guardians will be notified of emergency transport, medical transport, or any significant incident occurring during transportation.

SECTION 5 — SIGNATURES

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:**

Staff Witness Signature: _____ **Date:**
