

**F36**

New Student  
Change  
Discharge

The Orange County Department of Health  
**Early Intervention  
Transportation Request Form**

**CHILD'S INFORMATION**

Child's Name (Last, First, MI):

Date of Birth:

Home Address/City:

/

Zip:

Cross Street:

Child's Sex:

Male

Female

Mailing Address:

Seat Type:

Infant Toddler Seat

Wheelchair

Other

Mother:

Best Phone:

Email:

Father:

Best Phone:

Email:

**SERVICE INFORMATION**

TO GROUP DEVELOPMENT MODEL

TO PARENT CHILD GROUP

TO RELATED SERVICE

SITE:

SITE:

SITE:

Address:

Address:

Address:

Day(s):

MON in: out:

Time in: out:

Days: MON TUES WED

TUE in: out:

THURS FRI SAT

WED in: out:

Frequency:

Time in: out:

THU in: out:

Name of Parent / Parent Designee /  
Authorized person identified on IFSP to ride  
Vehicle:

Frequency:

Name of Parent / Parent Designee / Authorized  
person identified on IFSP to ride Vehicle:

FRI in: out:

Name:

Name:

Relation:

Relation:

**PICKUP LOCATION****DROPOFF LOCATION**

Only fill this section out if the pickup and drop off location will be somewhere other than the home address (i.e., daycare, babysitter)

Authorized Person:

Authorized Person:

Street Address:

Street Address:

City/Zip:

/

City/Zip:

/

Best  
Phone:Alternate  
Phone:Best  
Phone:Alternate  
Phone:**OSC INFORMATION****MEDICAL ALERTS AND / OR SPECIAL NEEDS**

OSC Name:

Agency:

Contact Number:

**AUTHORIZATIONS & SIGNATURES****All Signatures are Required to Validate this Form**

Parent / Guardian Name:

Parent Signature: \_\_\_\_\_

Date:

EIOD Name:

EIOD Signature: \_\_\_\_\_

Date:

PrismaticSBL Verificaton: