



DECLINATION OF TRANSPORTATION SERVICES

In lieu of signing the transportation waiver, I, _____, responsible
(Responsible Person/Guardian)
party for _____, decline transportation services from Acacia
(Member)
Care, LLC.

I understand that the employee named below is not cleared to provide transportation services at any time, for any reason without the appropriate documentation and I decline all such services at this time.

_____	_____	_____
Print Responsible Person Name	Signature	Date
_____	_____	_____
Print Member Name	Signature	Date
_____	_____	_____
Print Staff Name	Signature	Date