



160 Benmont Avenue, Suite 11, Bennington, Vermont 05201 | (802) 442-0629 | fax 802-500-6844

www.vpta.net

Authorized Consent Form

I, the undersigned, _____, hereby authorize the following individual and /or facility permission to speak with _____ (Transportation Provider) <https://vpta.net/my-area-provider> regarding my medical transportation scheduling and dispatching.

Please list name and facility if applicable:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please note that the responsibility to cancel rides remains with the rider or the person authorized consent within two hours of the scheduled pickup time.

Signature: _____

Date: _____

UIN: _____

Physical Address: _____

Please return this form to VPTA via fax 802-500-6844, or at the address above, or to your local transportation provider.

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