



## Options of Linn County Annual Permission to Participate in Out-of-Facility Activities

PLEASE PRINT CLEARLY

Consumer Name	Does consumer have a Guardian? ___ Yes ___ No
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I, \_\_\_\_\_, give permission for above-named consumer to participate in activities away from the Options facility as part of his or her Day Hab programming at Options over the next year. The outings will take place within the program hours of Options Day Hab so the consumer's regular transportation to and from Options will not be affected. The consumer will be transported in a county vehicle driven by Options staff members.

**Guidelines for out-of-facility travel with consumers:**

- The ratio of staff to consumers will be determined by the nature of the activity and the needs of the consumers, however, consumers will always be accompanied by an Options staff member on out of facility outings.
- Each participating consumer's crib sheet will be taken on the outing.
- Staff members will make sure the travel bag of First Aid supplies and required forms are in the vehicle.
- Staff must take an Options' cell phone with them so they could call the facility or be reached in an emergency.

*A photo static copy of this authorization/permission is considered as valid as the original. I understand that I may revoke this permission any time by sending written notice to Options of Linn County. I also understand that the revocation will not apply to travel that occurs prior to the receiving of the written notice. This authorization expires on the date specified below by the authorizing person.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of consumer or guardian(s)*

\_\_\_\_\_  
*Expiration Date*