

A-TEC AMBULANCE, INC.

AUTHORIZATION FOR TRANSPORTATION OF A MINOR TO A BEHAVIORAL HEALTH FACILITY

Patient Name

Name of Originating Facility

Name of Behavioral Health Facility

I, _____ (print name), hereby authorize A-TEC Ambulance Inc., to transport the above-named patient to a behavioral health facility.

I further certify that I am the legal guardian, parent, person standing in loco parentis to the above-named patient, a sworn police officer or other person over eighteen (18) years of age and that I have the authority to request A-TEC Ambulance, Inc. to transport the above-named patient to the above-named behavioral health facility. I certify that the applicable provisions of the Illinois Mental Health Code for the Involuntary Admission of Patients to behavioral health facilities have been fully complied with.

Dated this _____ day of _____, 20_____

By: _____

Relationship: _____