

South Lake Tahoe Cancer League

P. O. Box 17962

South Lake Tahoe, CA 96151

530.721.0506 / 530.543.0160

Patient Transportation Service:

Request and Guidelines

Anyone who lives in the South Lake Tahoe area, from Glenbrook, NV to the El Dorado / Placer County Line, CA seeking transportation for cancer treatment or to a doctor's appointment connected with a cancer condition, is eligible under the following conditions.

- 1) All our drivers are volunteers, so as soon as you receive your appointment time(s) notify the Transportation Coordinator, at one of the numbers listed below. One of our drivers will contact you and make arrangement for time of pick up at your home.
- 2) If there is a change or cancellation in your scheduled appointment, please notify the Transportation Coordinator as soon as you're able.
- 3) All patients must be able to enter and leave the car without any driver's assistance. A wheelchair is permitted if the driver has advance notice and is able to carry the wheelchair in their car. Oxygen is permitted as needed.
- 4) Extremely ill patients should arrange for **one (1)** family member or friend to accompany them or arrange for some other means of transportation. These conditions are required to avoid any legal liability to the patient, driver or the Cancer League.

5) **No Pets (except certified service dogs) are allowed to ride with the patients.**

6) **Absolutely NO SMOKING is allowed in the driver's car at any time.**

7) **No Stopping for patient going to or from treatment center, unless patient needs to use restroom.**

To enroll in this **Free** service, please contact the Transportation Coordinator at the phone number listed below, then fill out, sign and mail this request in the attached per-addressed envelope, or to the above address. Please write Transportation on the envelope. We will send you a copy of this agreement for your records.

The SLT Cancer League reserves the right to decline service, if a patient has medical / health issues that are beyond the scope of what our volunteers can safely serve.

I have read this document and agree to the term and conditions. THE PATIENT HEREBY AUTHORIZES ANY MEDICAL INFORMATION PERTAINING TO THEIR CURRENT CANCER TREATMENTS AND CONDITION BE RELEASED TO THE **SOUTH LAKE TAHOE CANCER LEAGUE.**

Are You a US Veteran? Y N

VA or UC Davis # _____

Is your Spouse US Veteran? Y N

VA or UC Davis # _____

_____ print patient name

_____ date

_____ home address

_____ home phone#

_____ mailing address

_____ cell phone#

_____ treating Physician

_____ physician phone#

_____ Physicians address

_____ Transportation Coordinator

Jacklyne Lynch – cell: 530-721-0506

home: 530-543-0160

email: jkltahoe@gmail.com

_____ patient signature

Emergency Contact Information

print name

phone#

relationship

date