

REQUEST FOR ATTENDANT SEATING

This Request form is to be completed when requesting additional seating without a charge on Ebus for an attendant to accompany a passenger who is non-self-reliant due to physical or mental disability.

Self-reliance is defined as: independent, self-sufficient, and capable of taking care of all personal needs while traveling such as boarding/disembarking, eating, using the washroom or taking medication.

ATTENDANT QUALIFICATIONS

Your attendant must:

- Be a self-reliant, able-bodied person over the age of 18.
- Not require assistance from Ebus or others (including service or emotional support animals).
- Remain seated next to you during your trip.
- Be fully capable both mentally and physically of fully attending to your personal and physical needs during all aspects of travel.

APPROVAL PROCESS: OPTION ONE

Please complete both Section 1 and Section 2 and submit it as far in advance as possible to allow for adequate time to review. If submitted within 72 hours of travel, we will make reasonable effort to accommodate.

Medical information will be kept confidential in accordance with PIPEDA and CTA requirements.

Email sections to accessibility@myebus.ca

- All requests are reviewed based on the medical information supplied by the passenger's physician.
- Before making a final decision to approve or deny the request, Ebus may contact your physician to confirm details provided on the form. We will then contact you by telephone or email to notify you of the decision.

An approved form is valid for 2 years for the date of physician's signature.

APPROVAL PROCESS: OPTION TWO

Provide Ebus Motorcoach a copy of an identity card issued by one of the following organizations:

Please email copy of card 72 hours prior to travel to: accessibility@myebus.ca

- Epilepsy Canada
- Canadian Guide Dogs for the Blind
- The Canadian National institute for the Blind
- Easter Seals Canada
- Alberta Easter Seals
- The War Amps

REQUEST FOR ATTENDANT SEATING

SECTION 1 – COMPLETED BY THE PASSENGER, GUARDIAN, OR MEDICAL PROFESSIONAL

Travelers Full Name:

Date of Birth:

Street Address:

City:

Province:

Postal Code:

Country:

Email Address:

Phone Number:

Alternative Contact Information

Full Name:

Relationship:

Phone number:

Is this your first request for additional seating with Red Arrow?

Yes

No

PASSENGER CONSENT AND AGREEMENT

- I hereby authorize my physician to provide and discuss information requested in this document with Ebus Motorcoach for the purpose of identifying my eligibility for additional seating for an attendant free of charge.
- Any fees incurred for the compensation of this document are the responsibility of the passenger.
- I acknowledge and agree that if my application to travel with an attendant is approved, that I will be required to always travel with an attendant with Ebus.
- I acknowledge the requirements of my attendant.

Date:

Signature:

REQUEST FOR ATTENDANT SEATING

SECTION 2 – COMPLETED BY THE PHYSICIAN

Medical Physician Details

Full Name:

License Number:

Province of Registration:

Phone:

Email Address:

Date:

Patients Full Name:

Patient Date of Birth:

- I attest that my patient is a person with a permanent disability who is under my care, my patient cannot travel alone.
- I attest that my patient requires a support person to travel.

Physician Signature:

Physician Stamp/Label:

