St. Clair County Community Mental Health

Alternate Drop-Off Plan

		FOR:			
			Individual		
			Address		
			City/State/Zip		
			Telephone	Cell Phone	
In the ev	vent of	an emergency sit	tuation where staff is not pre	sent at the home, the following steps are to be taken:	
	1.	such as in a we	eather emergency, then the h	ansport individuals home prior to designated drop-off times, ome must be contacted by phone. If the home is unable to an alternate drop-off point:	
			Name		
			Telephone	Cell Phone	
	2.		ating circumstances, no one is present at the home designated drop-off time, the school rogram is to take the individual to the following location:		
			Name		
			Address		
□ Yes	3.		can be transported to his/her even though the parent/hous		
		Parent/House I	Parent/Home Supervisor Sign	ature	

Clinical Form: #03-0066 Revised Date: 9/1/2023 Policy Ref: #09-002-0010

Transporting Agency

Cc:

EHR: Legal/Consents, Consent for Treatment Note: Alternate Drop-Off Plan