



### **Non-EDAP Transport Acknowledgement Form**

I acknowledge I am requesting transportation to an emergency department that has not been designated as an Emergency Department Approved for Pediatrics (EDAP).

\_\_\_\_\_  
Minor's Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

Run Number: \_\_\_\_\_

PCR Number: \_\_\_\_\_